

ISA APPLICATION FORM

To apply for any type of cash ISA.



**THE
CAMBRIDGE**
Building Society

Head Office, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

YOU AND THE CAMBRIDGE

Are you an existing member of The Cambridge?* Yes No

Your Cambridge account number

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH * ARE REQUIRED

I apply to subscribe to a cash ISA for the tax year 20____/20____ and each subsequent year until further notice (subject to the product special terms and conditions).

I would like to invest £_____ into a (type of account e.g. Instant Access ISA) _____ Issue number _____

For minimum and maximum investment limits, please see the relevant terms and conditions for your chosen product and our ISA Booklet. All cheques should be payable to the account holder (e.g. Mr A Smith).

TRANSFER

I would like to transfer £_____ from an existing cash ISA with The Cambridge. Account number _____

I would like to transfer £_____ from a different bank/building society

An ISA transfer form will need to be filled in for each ISA provider.

APPLICANT

Your name

Title*

Forename(s)*

Surname*

Your address

Address*

Postcode*

Date moved to current address* (MM/YYYY) /

If you have moved to your current address within the last three months please provide your previous house number or name, postcode and the date you moved to this address

House number/name

Postcode

Date moved to previous address (MM/YYYY) /

Your personal information

Date of birth* / /

Country of birth*

Town of birth*

Gender* Male Female

National Insurance number*

UK residency

Are you a permanent UK resident?* Yes No

What is your employment status?*

Please select ▼

If employed, what is your occupation?

APPLICANT

Nationality / tax

What is your nationality?*

Do you have dual nationality?* Yes No

Please state your second nationality

Are you a United States of America citizen?* Yes No

What is your country of residence for tax purposes?*

Do you have dual residency for tax purposes?* Yes No

Please state your second residency for tax purposes

If you are not solely British for tax purposes please detail your Taxpayer Identification Number or other tax reference number

Contact details

At least one contact number is needed

Home phone number

Mobile phone number*

Email address*

KEEPING YOU INFORMED

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

Home number Mobile number

Please indicate your preferred time of day for us to call:

Occasionally we would like to contact you about products and services from The Cambridge we think may be of interest to you. This may be via post, telephone or email. If you wish to receive these communications please tick the box

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

I have received a copy of the Financial Services Compensation Scheme information sheet

It's important that you read the FSCS information sheet. It provides information about the protection of your savings deposits. If you need a copy of the information sheet or more information please ask in branch or call 0345 601 4021.

INTEREST INSTRUCTIONS AND NOMINATED BANK ACCOUNT

Interest will be automatically added to the account, unless specified. If you require interest to be paid elsewhere, ask in branch or call 0345 601 4021.

To transfer money to your bank account by faster payment you will need to set up a nominated bank account. Please fill in the details below.

Account number _____ Sort code Bank name _____

Account holder's name _____

IDENTIFICATION REQUIREMENTS

When you open an account with us, under regulations for prevention and detection of financial crime we need to verify your name and address. We use an electronic verification system to do this. In certain cases we will need further proof of your identity in order to open your account. To find out which forms of identification are suitable, click here or ask for a copy of our 'Verifying your identity' leaflet.

DECLARATION

I DECLARE THAT:

1. All subscriptions made, and to be made, belong to me
2. I am 16 years of age or over
3. I have not subscribed, and will not subscribe, to another cash ISA in the same tax year in which I subscribe to this cash ISA
4. I have not subscribed / made a payment to and will not subscribe / make a payment more than the overall subscription limit in total to any combination of permitted ISA types in the same tax year
5. I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of the Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform The Cambridge Building Society if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties
6. I accept the terms and conditions applicable to Individual Savings Accounts
7. I agree to be bound by the Rules of the Society available upon request
8. I agree that The Cambridge may use my information as stated in the Privacy Policy
9. This application form has been completed to the best of my knowledge and belief
10. I undertake to notify The Cambridge of any change of circumstances

I AUTHORISE THE CAMBRIDGE BUILDING SOCIETY:

1. To hold my cash ISA subscriptions and any interest earned on those subscriptions
2. To make on my behalf any claims to relief from tax in respect of ISA investments
3. On my written request to transfer or pay to me any cash subscriptions and any interest earned on those subscriptions

Before signing this application form please check that you have completed all the required fields marked with * and that you have carefully read the terms and conditions associated with the product you're applying for. If you do not understand any point please ask for further information.

PLEASE PRINT THIS FORM AND SIGN HERE

Applicant

Date