

CIN 

# HSBC Variable Rate Cash ISA, Transfer and Reactivation Form

## Useful Guidance

Please complete using **black ink** and **BLOCK CAPITALS**. Please initial any alterations, as the use of correction fluid could invalidate this form.

- ◆ If you are transferring an existing ISA, please ensure that your personal details held with your current provider match what is included on this form.
- ◆ If you need any further assistance with the completion of this form, please call on **03457 404 404** (textphone **03457 125 563**), lines are open 8am to 10pm or if you are an HSBC Advance customer lines are open 24 hours a day. If you are an HSBC Premier customer, please call on **03457 70 70 70** (textphone **03457 125 563**), lines are open 24 hours a day.
- ◆ Please hand this completed form into a branch or post to: **HSBC UK Bank plc, Forum 1, The Forum, 1st Floor, Fareham, Hampshire, PO15 7PA.**
- ◆ For more detail on how we will use your personal information, please see our Privacy Notice at [hsbc.co.uk/privacy-notice](https://www.hsbc.co.uk/privacy-notice). You can also ask for a copy in branch.

## 1. What would you like to do? (all customers complete)

Please tick one box only. Signatures are required in sections 5, 6 and 7 if applicable.

- REACTIVATE an existing Variable Rate Cash ISA  
**Complete sections 1, 2, 5 and 6 (plus 3 and 4 if applicable)**
- TRANSFER a cash ISA to your existing Variable Rate Cash ISA  
**Complete sections 1, 2, 5 and 7 (plus 3 and 4 if applicable)**

**Bank use only****XAOISA****HNXTFI / XEITIA**

**Please note:** if you are wanting to transfer in existing stocks and shares ISAs from HSBC or from other providers please contact us on the telephone numbers above or download a form at [hsbc.co.uk/savings/isas](https://www.hsbc.co.uk/savings/isas)

## 2. Your personal details (all customers complete)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>					
Forename(s)	<input type="text"/>					
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Permanent residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Daytime Phone number	<input type="text"/>				Postcode	<input type="text"/>
	<input type="text"/>				Mobile Phone Number	<input type="text"/>

Do you have a National Insurance Number?

 Yes  No**If you only have a temporary National Insurance Number, please tick 'No'.**If 'Yes', please enter it 

You should be able to find your National Insurance Number on a payslip, P45 or P60, a letter from HM Revenue and Customs, a letter from DWP or pension order book.

### 3. Interest **(only complete if relevant)**

Interest will be paid monthly into your ISA. If you would prefer interest to be paid into your HSBC current account instead, complete your account details below.

Sort code    -    -

Account number

### 4. Power of Attorney **(only complete if relevant)**

If you are not the applicant, but hold a valid power of attorney and are signing on behalf of the applicant, please enter your name in the box below and describe the legal capacity in which you are signing this form.

Name

If you are signing this application under a Power of Attorney or other Authority for an investor who is incapacitated, please indicate the nature of the incapacity:

Mental incapacity

Physical incapacity

Legal Capacity	Please tick
Authorised in England and Wales under a Lasting Power of Attorney registered with the Office of the Public Guardian	<input type="checkbox"/>
Authorised in England and Wales under an Enduring Power of Attorney made prior to 1 October 2007 (where the applicant is mentally incapacitated, this is registered with the Court of Protection)	<input type="checkbox"/>
Appointed as a deputy by the Court of Protection	<input type="checkbox"/>
Authorised in Northern Ireland under an Enduring Power of Attorney (where the applicant is mentally incapacitated it must be registered with the High Court (Office of Care and Protection))	<input type="checkbox"/>
Authorised in Scotland under a Continuing Power of Attorney registered with the Office of the Public Guardian Scotland	<input type="checkbox"/>
Authorised in Scotland under an Intervention Order issued by the Office of the Public Guardian Scotland	<input type="checkbox"/>
Authorised in Scotland under a Guardianship Order	<input type="checkbox"/>
Authorised under a General Power of Attorney where the applicant is a member of the armed forces on active service in a war zone	<input type="checkbox"/>
Authorised under a General Power of Attorney (for applicants to transfer in only)	<input type="checkbox"/>
Authorised in England and Wales under a General or Ordinary Power of Attorney (where the applicant is physically incapacitated)	<input type="checkbox"/>
Authorised in England and Wales under an Enduring Power of Attorney made prior to 1 October 2007 (where the applicant is physically incapacitated, this is not registered with the Court of Protection)	<input type="checkbox"/>
Authorised in Northern Ireland under an Ordinary Power of Attorney (where the applicant is physically incapacitated)	<input type="checkbox"/>

## 5. Declaration (all customers complete)

**Please do not strike through any wording on this page as this will void this application.**

I apply to subscribe to a Variable Rate Cash ISA for the tax year commencing 6 April 2020 and each subsequent tax year until further notice (this election simply makes it easy for you to subscribe to each subsequent tax year's ISA – it is not a commitment on your part to subscribe each year), and/or apply to transfer to a Variable Rate Cash ISA (as per Section 1).

### I declare that:

- ◆ I am 16 years of age or over
- ◆ I agree to the HSBC cash ISA Terms and Conditions

### If I am applying to subscribe, I also declare that:

- ◆ all subscriptions made, and to be made, belong to me;
- ◆ I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year;
- ◆ I have not subscribed and will not subscribe to another cash ISA in the same tax year that I subscribe to this cash ISA;
- ◆ I am 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 and 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 HSBC UK Bank plc if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- ◆ I agree to the HSBC cash ISA Terms and Conditions.

### I authorise HSBC UK Bank plc:

- ◆ to hold my cash subscription and any interest earned by those subscriptions;
- ◆ to make on my behalf any claims to relief from tax in respect of ISA investments.

I declare that this application form has been completed to the best of my knowledge and belief. I will notify HSBC UK Bank plc without any delay of any change in my circumstances affecting any of the information given in this Application. Where the information I have supplied relates to other people I declare that I am authorised by them to disclose that information and to accept the terms on their behalf. Bank records will be updated from the information provided, where appropriate.

### Information about Products and Services

If you agree, the HSBC Group may use and share relevant information about you, your transactions and your relationships with the HSBC Group, to give you information about products, services (including mortgages) and promotions available from members of the HSBC Group and selected third parties which may interest you by post, telephone, electronic and other means.

By completing this application you will be allowing to the use of your information for this unless you tick the appropriate box(es) below to indicate that you do not wish to receive such information:

- |                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> No post                   | <input type="checkbox"/> No email            |
| <input type="checkbox"/> No telephone              | <input type="checkbox"/> No mobile messaging |
| <input type="checkbox"/> No SEM (Secure E-Message) |                                              |

By signing this application, you understand that we will use your personal information as set out in the Privacy Notice. Please see our Privacy Notice at [hsbc.co.uk/privacy-notice](https://www.hsbc.co.uk/privacy-notice)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**For Branch use only:**

Branch stamp

Branch contact

Date application received 

D	D	M	M	Y	Y	Y	Y
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For Banking Operations use only:

Transfer Acceptance **(to be completed by new ISA Manager):**

In circumstances where the funds to be transferred are not cash deposits, please notify us as we will not be able to accept the transfer. Otherwise we, HSBC UK Bank plc are willing to accept this investor's cash ISA funds, subject to HMRC rules (the ISA regulations) and as long as the following conditions are met.

We must receive the transfer proceeds no later than: 

D	D	M	M	Y	Y	Y	Y
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Where the customer has shown above that they want to transfer subscriptions from the current tax year, these must not be more than:

For the purposes of the transfer of the ISA under the ISA regulations, the date shown below will be the transfer date.

Date 

D	D	M	M	Y	Y	Y	Y
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Name of new provider



**Intentionally blank**

Please fold open



## Accessibility

To find out more about our accessible services please visit [hsbc.co.uk/accessibility](https://www.hsbc.co.uk/accessibility) or ask at any of our branches.

**If you'd like this in another format such as large print, Braille or audio, please contact us.**

A textphone service is available for customers with hearing and/or speech impairments. If you use your own textphone you can call us on **03457 125 563 (+44 207 088 2077)** from outside the UK).

BSL Video Relay Service is also available (Monday-Friday 8am-6pm, excluding Bank and Public Holidays) at [hsbc.co.uk/accessibility](https://www.hsbc.co.uk/accessibility).

### **hsbc.co.uk**

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**Customer Information:** PO Box 760, 1 The Forum, Parkway, Fareham, PO14 9TE.

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