

# DRUIDS SHEFFIELD FRIENDLY SOCIETY

## Application form CTF

### Applicant details

Name .....

Address .....

.....Post Code.....

Phone Number .....

### Child's details

Name .....

Address .....

.....Post Code.....

Child's date of birth: ...../...../.....  
(as on voucher)

Sex                                      Male                                       Female

Child's unique reference.....  
Number (shown on the voucher)

Amount of the voucher:                                      £.....

Which type of Child Trust Fund                                      Property CTF   
do you want to start?                                      Equity CTF

I declare that:

- I am 16 or over
- I am the child named on the voucher or I have parental responsibility for that child; (delete which does not apply)
- I will be the registered contact for the CTF.

I authorise you, the Druids Sheffield Friendly Society to:

- hold the Inland Revenue contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash; and
- make any claims for tax relief of relief from tax in respect of the CTF investments of my child's behalf

I agree to the CTF terms and conditions

Your signature ..... Date...../...../.....

## Declaration

The child's parent or legal guardian must sign this declaration.

I am applying to the Druids Sheffield Friendly Society for a Child Trust Fund assurance policy for the child named on the application form.

As far as I know the child is healthy and does not take part in any dangerous activities. The child has not had any major illness or injury needing treatment. The child has not had any life assurance refused, postponed or accepted on special terms. I confirm that the total amount of premiums I will pay for the child, including the amount under this application, will not be more than £100 a month or £1200 a year.

Your signature: .....

Date: ...../...../.....

## Warning

If every part of the declaration does not apply to you, please sign it, but provide more details on a separate sheet. If you do not tell us any important facts (facts that an insurer would consider likely to influence this decision about whether to accept an application for life assurance) this may affect the amount we pay if your child dies before they are 18. If you are not sure whether we need to know details, tell us anyway.

If you would like a copy of the conditions controlling the policy, or a copy of the filled in proposal form, please ask us.

## Data Protection Act

By returning this form to us, you are giving us permission to process personal information about you in connection with your application. We will only use this information to manage your membership. If you do not want us to contact you for marketing purposes, please tick this box.

You can ask for a copy of the information we hold about you. We may charge a small fee for providing the information. If you notice any mistakes in the information, you can correct them.

Our data protection registration number is PZ6979728.

## STANDING ORDER MANDATE

### Please pay

YORKSHIRE BANK PLC	CODE No. 05 09 69
4 SANDYGATE, WATH UPON DEARNE, ROTHERHAM, S63 7LW	

### For the credit of

DRUIDS SHEFFIELD FRIENDLY SOCIETY ISA ACCOUNT	A/C 34471353
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Amount you want to pay: £  :

Amount in words:

Date of first payment:

How often do you want to make the payments?

Every month

Every year

Please continue to make the payments from my account until you receive written notice from me to stop payments.

For office use only

Name of Bank and Address

<input type="text"/>
<input type="text"/>

Account name:	<input type="text"/>
Account number:	<input type="text"/>

Your signature:	Date:
Your address with postcode:	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

**Please return your filled in form to us with your application form.**