



Stock & Shares Junior ISA

Applicant's title (if any) Forenames and surname (forenames after the first can be represented by initials)

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Applicant's address

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Post code

Telephone number

I apply to open a Junior ISA for

Child's title (if any) Forenames and surname (forenames after the first can be represented by initials)

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Child's address

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Post code

Child's Date of Birth

Child's NINO (if they have one)

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I declare that:

- I am 16 years of age or over
- I am the child / I have parental responsibility for that child *(please delete which does not apply)*
- I / the child does not have a Child Trust Fund account
- I will be the registered contact for the JISA
- The child is resident and ordinarily resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to / in a civil partnership with a UK Crown servant
- I have not subscribed and will not subscribe to another JISA of this type for this child
- I am not aware that this child has another JISA of this type
- I am not aware of other JISA subscriptions that will result in this child exceeding the annual limit
- I will not knowingly make subscriptions to JISAs for this child that will result in the subscription limit being exceeded

I authorise

 Druids Sheffield Friendly Society

- to hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- to make on the child's behalf any claims to relief from tax in respect of JISA investments

I agree to the JISA terms & conditions

and confirm that to the best of my belief the information on this form is true

Your signature

Date

.....

continued overleaf . . .



Stock & Shares Junior ISA Application Form

Declaration

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

I am applying to the Druids Sheffield Friendly Society for a Junior Stocks & Shares 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 the annual limit set by the government.

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.

Druids Sheffield Friendly Society

Dove House, 181 Brampton Road, Wath-upon-Deerne, Rotherham, South Yorkshire S63 6BE

Tel: 01709 876409 Fax: 01709 878045 Email: info@druidssheffieldfs.co.uk visit: www.druidsfriendly.com



Druids Sheffield Friendly Society

Standing Order Mandate

**STOCKS & SHARES
JUNIOR ISA
T51**

Please pay

Yorshire Bank PLC
4 Sandygate, Wath Upon Dearne, Rotherham, S63 7LW

Sort Code 05 09 69

For the credit of

Druids Sheffield Friendly Society
JUNIOR ISA Account

A/C 34497413

Amount you want to pay: **£** **:**

Amount in words

Date of first payment:

Every Month

Every Year

How often do you want to make the payments?

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

Account name:

Account number:

Your signature

Date

Your Address

Postcode:

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