Please send your completed form to:



Castle Trust Bank PO Box 6965 Basingstoke RG24 4XE

		_	_		RG2	24 4XE	
	Personal details						
	Title						
	First name	Perma addre	anent residential ss				
	Last name	Postco	ode				
	Date of birth		address				
	Telephone Number	Natior	nal Insurance				
	You should be able to find your NI number on a payslip, P45 c	Numb or P60, a letter fr		& Customs, a letter from the E	OWP or a pension order bo	ook.	
	Details about the ISA you want to tra	ansfer					
	Name of existing						
	ISA Manager						
ISA Manager address (may be different to the branch							
address – please check) Postcode							
	Type of ISA being transferred Cash ISA Stocks & Shares ISA						
	ISA sort code (cash ISA only) - ISA account / plan number						
	Roll number (if applicable)						
	Please note that under HM Revenue & Customs ISA Regulations, you can only subscribe to one cash ISA in each tax year.						
	If you are transferring the current tax year subscriptions please tick this box. How much have you subscribed in the current tax year?						
	Previous tax year(s) subscriptions to an ISA can be transferred in whole or in part. The entire ISA Part of the ISA Please indicate which of the following is to be transferred.						
	If you are transferring part of your ISA please state the amount to be transferred. OR %						
	Please note that your transfer value must be received	as cash, we c	annot accept in-s	pecie transfers.			
	Please note						
	 If you are intending to transfer ISA funds to a Fixed F online, before returning the form. 	Rate e-Cash IS	SA account, please	e ensure you have you ha	ve opened your accou	Int	
	 If you are intending to transfer ISA funds into a Fixed Rate Cash ISA, please ensure you have enclosed your ISA application with this transfer request form (existing customers only.) 						
	Your transfer authority						
	l authorise the existing ISA manager (specified above) the ISA (account number above) to Castle Trust Capita		Serve the full n processed	otice period before this ir	nstruction can be		
	I also authorise the existing ISA Manager to provide Ca Capital plc with any information, written or verbal, con	Or, proceed im	Or, proceed immediately with the transfer bearing any consequential penalty which may be applied.				

Please be aware that if you choose to serve the full notice period of your existing account, the Castle Trust Bank account you are transferring into you may no longer be available at the same rate.

Signed

being transferred.

ISA and to accept any instructions from them relating to the ISA

Where a period of notice is required for closure/part transfer of

the existing ISA, I give my consent to either: (if this applies to you, please tick one only, otherwise leave both boxes blank and sign):

Date

Castle Trust Bank means Castle Trust Capital plc, a company incorporated in England and Wales with company number 07454474 and registered office at 10 Norwich Street, London, EC4A 1BD. Castle Trust Capital plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, under reference number 541910.