

Cash ISA Transfer Authority Form

Please complete the details of your ISA transfer below. You need to complete in full all fields marked with *. It will delay your application if you do not complete the form in full.

Existing ISA Provider's - Full Name and Address Including Post Code *	Customer Information - Full Name and Address Including Post Code *
Post Code*	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Post Code*</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Date of Birth*</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">National Insurance Number on the line below*</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">*</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Amount Saved With Existing Provider* £</div>
DBS Cash ISA Acc No*:	Existing Provider Sort Code*:
Amount Saved With DBS ISA* £	Existing Provider Account Number*:
	Existing Provider Reference *
Deceased Spouse or Civil Partner <input type="checkbox"/>	If you have <input checked="" type="checkbox"/> Deceased Spouse or Civil Partner do <u>not</u> complete numbers 2 or 3
Information about the ISA to be transferred to be completed by the customer	
1. Full Transfer	2. Part Transfer
Please close and transfer all of my ISA <input type="checkbox"/>	Please transfer £ _____ from my ISA account (If requesting to transfer part of your ISA check with your existing ISA Manager that this is possible) The above amount includes subscriptions from this Tax Year Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you subscribed to your current cash ISA in this Tax year Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please state the amount you have subscribed to your current cash ISA in this Tax year £ _____	
I Wish to Serve Full notice on closure / part transfer on my existing cash ISA <input type="checkbox"/> <p style="text-align: center;">Or</p> Proceed immediately with the transfer and bearing any penalty which may be applied <input type="checkbox"/>	
Transfer authority to be completed by the customer	
I authorise my existing ISA Manager to transfer my above ISA Account to the Darlington Building Society, and authorise my existing ISA Manager to provide Darlington Building Society with any information, written or non-written, concerning the cash ISA and accept any instructions from them relating to the cash ISA being transferred.	
Customer Signature	Date
Transfer Acceptance (to be completed by the Darlington Building Society)	
We can only accept cash deposits. Darlington Building Society is willing to accept this investor's cash ISA funds, subject to HMRC rules. We deem the date and amount shown below to be the transfer details of this cash ISA. Date Funds Received _____ Amount £ _____	
Name	Darlington Building Society
Address	Sentinel House, Morton Road (for Customer Support Department use only) Darlington, County Durham
Post Code	DL1 4PT
Telephone Number	01325 741013 Branch