

Junior ISA - Change of Registered Contact Form



Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE:** Any forms received that are not completed correctly may incur delays or may have to be returned to you.

1 Personal Details & Legal Requirements

All correspondence will be sent to the Registered Contact

Account Holder (Child)

JUNIOR ISA ACCOUNT NUMBER

TITLE

SURNAME

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

NATIONAL INSURANCE NUMBER

(Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.)

POSTCODE

DATE OF BIRTH

ARE YOU A UK NATIONAL ONLY? (PLEASE MARK AN X IN THE BOX)

ARE YOU A UK NATIONAL AND NATIONAL OF ONE OR MORE OTHER COUNTRIES? (TICK BOX AND LIST ALL OTHER COUNTRIES BELOW)

ARE YOU A NATIONAL OF NON-UK COUNTRIES ONLY? (TICK BOX AND LIST ALL OTHER COUNTRIES BELOW)

NATIONALITY 1

NATIONALITY 2

NATIONALITY 3

NATIONALITY 4

PLEASE TURN OVER

M 0 0 2 7 6 0 1

Personal Details & Legal Requirements (continued)

Existing Registered Contact (Guardian/Parent)

TITLE

[Grid for Title]

SURNAME

[Grid for Surname]

FIRST NAME(S) IN FULL

[Grid for First Name(s) in Full]

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

[Grid for Address]

CONTACT TELEPHONE NUMBER (in case of query)

[Grid for Contact Telephone Number]

STREET, CITY, COUNTY AND COUNTRY DETAILS

[Text area for Street, City, County and Country Details]

POSTCODE

[Grid for Postcode]

ARE YOU A UK NATIONAL ONLY? (PLEASE MARK AN X IN THE BOX)

ARE YOU A UK NATIONAL AND NATIONAL OF ONE OR MORE OTHER COUNTRIES? (TICK BOX AND LIST ALL OTHER COUNTRIES BELOW)

ARE YOU A NATIONAL OF NON-UK COUNTRIES ONLY? (TICK BOX AND LIST ALL OTHER COUNTRIES BELOW)

NATIONALITY 1

[Grid for Nationality 1]

NATIONALITY 2

[Grid for Nationality 2]

NATIONALITY 3

[Grid for Nationality 3]

NATIONALITY 4

[Grid for Nationality 4]

Personal Details & Legal Requirements (continued)

New Registered Contact (Guardian/Parent/Child)

TITLE	SURNAME	MALE	OR	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

HOUSE NUMBER AND/OR HOUSE NAME

EXISTING CLIENTS ONLY

ACCOUNT NUMBER OR CLIENT NUMBER

STREET, CITY, COUNTY AND COUNTRY DETAILS

CONTACT TELEPHONE NUMBER (in case of query)

POSTCODE

DATE OF BIRTH

2 Reason for change of Registered Contact (If applicable)

Please complete this section only if you have not obtained a signature from the existing registered contact.

- Incapacity or Death of existing contact (please send an original or a certified copy of evidence of incapacity, or an original copy of the Death Certificate)
- Adoption of Child (please send a certified or original copy of the adoption papers)
- Change in circumstances due to a Court Order (please send a certified or original copy of the court order)
- The existing Registered Contact can no longer be contacted
- Account Holder (Child) is to assume management responsibility (must be at least 16 years of age)

3 Declaration and Registered Contact Signatures

SIGNATURE AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)

EXISTING REGISTERED CONTACT

By signing below, I consent to the change of Registered Contact.

NEW REGISTERED CONTACT

By signing below, I confirm that I have received the relevant Doing Business with Fidelity or Doing Business with Fidelity FundsNetwork documents incorporating the Key Features, Simplified Prospectus and key information documents relating to my investment, as well as the Fidelity Client Terms which I accept.

I confirm that I have regular access to the internet to use the website www.fidelity.co.uk to obtain the documents mentioned above and agree to the provision of this information via this medium or have otherwise been provided with paper versions of these documents.

I confirm that I am aged 16 years or over, that I have parental responsibility in relation to the Account Holder (Child) or, that I am the Account Holder (Child), and that I am to be the Registered Contact for the account

I authorise Financial Administration Services Limited:

- (i) to hold my cash subscription, Junior ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash;
- (ii) to make on my behalf any claims to relief from tax in respect of ISA investments.

The information given by me is correct to the best of my knowledge and I will inform Fidelity immediately of any changes to the information contained therein.

If you have any queries about this form please visit fidelity.co.uk or telephone 0800 41 41 61. Please send your completed form to Fidelity International (IMS), PO Box 80, Tonbridge, TN11 9YA. Issued jointly by FIL Investments International, Financial Administration Services Limited and FIL Investment Services (UK) Limited. All companies are authorised and regulated by the Financial Conduct Authority.

