# Junior Cash ISA Application Form



1. Registered Contact's Details - please use BLOCK CAPITALS									
The registered contact is a person, aged 16 or over, with parental responsibility (a legal term meaning someone with the rights and duties of a parent) for the child. The child can be the registered contact if aged 16 or over.									
Title: Forenames (in full):	Surname:								
Home Address:									
	Postcode:								
Nationality:	Date of Birth: / / /								
Gender: Male Female Other									
Employment Status:		Occupation:							
Contact Tel – Day:	Evening:	Mobile:							
Email Address:	Relationship to	Child (If applicable):							
	,								
2. Child's Details – please use BLOCK CAPI	TALS								
(Do not complete this section if the registered contact		om the account is being opened)							
I apply to open a Junior Cash ISA for:									
Title: Forenames (in full):		Surname:							
Home Address:									
		Postcode:							
Nationality:		Date of Birth: / / /							
National Insurance Number:	Gender: Male Female Other								
3. Account Opening Details - Note: Please	make cheques payable to	the child's name							
I wish to invest ${f £}$ on behalf of	the named child, who will be the	beneficial owner of the investments held in the JISA.							
I will be transferring in from another Cash ISA/Child T	rust fund that the named child cu	rrently holds with another provider.							
YES (please complete the attached form applicable to	your transfer) NO								
4. Customer Declaration: please read, cor	mplete and sign								
Important Information – it is essential that you read o	and understand the terms within t	this declaration before signing below.							
I confirm that I have read the following:									
Junior Cash ISA Terms and Conditions									
General Terms & Conditions for Savings Accounts Leaflet									
Savings Services Tariff Leaflet									
Financial Services Compensation Scheme (FSCS) - Information Sheet									
Important Information About Your Personal Data									
If you have not read any of the above, please contact your local branch/agency or visit us online at www.monbs.com/documents.  Our Customer Privacy Notice is available from your local branch or agency office or online at www.monbs.com/privacy. These should be read prior to signing the declaration below.									

- I accept that the Society may decline my application.
- I consent and acknowledge that the Society will carry out an electronic check to verify my identity.
- I agree to the specific terms and conditions applying to the account, and the General Terms & Conditions for Savings Accounts, and to be bound by the Rules of the Society, a copy of which is available on request.
- I authorise the Society to operate the account according to the instructions indicated in this application form.

#### I declare that:

- I am 16 years of age or over.
- (Please tick one box only)

I am the Child   I have parental responsibility for the Young Saver	I am the Child	I have parental responsibility for the Young Saver
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- I/the child do/does not have a Child Trust Fund account.
- I will be the registered contact for the JISA.
- The child must be resident and ordinarily resident in the UK, or are a UK Crown Servant, married to or in a civil partnership with a Crown Servant, or a dependant of a 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 Monmouthshire Building 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.

## Agreement to Assign Windfalls to Charity

- I have read the section titled 'Charitable Assignment' in the information section of our General Terms & Conditions for Savings Accounts Leaflet and I agree that unless I fall within the exemptions contained in that section, I will transfer to Monmouthshire Building Society's Charitable Foundation (or any other charities nominated by the Society, but to no other person) my rights to any windfall conversion benefits to which I may become entitled. I acknowledge that my agreement cannot be withdrawn or varied.
- I authorise Monmouthshire Building Society to pass any relevant information about me or my account to the Charitable Foundation and also to transfer any windfall conversion benefit to the Charitable Foundation without notice to me/us.

## Use of your Personal Information

- We need to collect information about you in order to open and administer your savings account. The legal basis on which we process your data will be either that the processing is necessary for us to provide you with the financial product you are seeking; necessary to comply with our legal obligations; in our legitimate business interests in relation to such purposes or with your consent.
- If you make a joint application with your spouse, partner, family member or another party, we will also need to collect personal information about that person. If you make a joint application on behalf of the joint applicant, you agree to show them our Summary Privacy Notice and that you have all necessary consents to enable you to provide us with their information.
- The information we collect is used to verify your identity, administer your accounts, provide you with our services and to communicate with you about other products or services of ours that we think may be of interest to you.
- When using your information we may also share information with anyone you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use to provide services to us; and any other person or organisation if the law, public duty or our legitimate interests require us to do so.
- We undertake checks about you with Fraud Prevention Agencies ('FPAs') for the purposes of preventing fraud and money laundering, and to verify your identity. If false or inaccurate information and fraud is suspected then we will record this and share the information with FPAs.
- In making your application you acknowledge that you have received and read the summary of our full Privacy Notice contained in our "Important Information About Your Personal Data" leaflet. Our full Privacy Notices are available from all our offices and on our website at www.monbs.com/privacy.

Keeping you Infor	med about other Pr	oducts & Services								
The Society would like to provide you with offers and information about our products and services (your marketing preferences). If you are happy to receive this information, please confirm this by opting in and ticking the relevant box below to confirm. Your preference will then be recorded, but please note that you can change your decision and opt out at any time. You can contact us in any of the following ways: Visit one of our branches or agencies. By phone: Savings Customer Services 01633 844 340 or Mortgage Customer Services on 01633 844 370,  By secure message: Using our 'My Accounts' service. Email: datarights@monbs.com  In writing: Monmouthshire Building Society, Monmouthshire House, John Frost Square, Newport, NP20 1PX.										
Please also note your marketing preferences won't stop you getting service messages – for example, information about changes to your account and annual statements.										
I am happy to receive information on Society products and services in the following ways:										
Applicant 1: Post Telephone SMS										
Registered Contact: I agree to the JISA terms and conditions applying to the account and to be bound by the rules of the Society, a copy of which is available on request. I confirm that to the best of my belief the information in the application form is true.  Warning: Before you sign, please note that all funds paid into this account cannot be withdrawn until the child's 18th birthday.										
Registered Contac	ct - Please sign belo	w:								
Signature										
Date:										
For Office Date Use Only Opened		Security Number		Branch/ Agent			ID Checked by	Data Check		
A/C No.		Applicant 1 Number		1		Applicant 2 Number	1	1		
Cheque Details										
Drawer's Name	Bank Name	Bank Address	Sort Code		Account numb	ber	Cheque Number	Amount		