

Model application to be a registered contact

Applicant's title
(if any),

Full name

Applicant's address

Post Code

I apply to become the registered contact for the JISA of :

Child's title (if any)

Full name

Child's address

Child's date of birth

Child's NINO (if they have one)

Tick this box if you are applying because you have adopted the child named above

I declare that

- I am 16 years of age or over
- I am the child /I have parental responsibility for the child (delete which does not apply)
- I will be the registered contact for the JISA

I authorise [provider's name]

- to hold the 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.

Signed Date