The **co-operative** bank

For branch use only					
Co-op Bank ISA sort code					
Co-op Bank ISA account number					
Date form sent to SPS					
Account opened by					
Employee number					
Branch number					

Lasn ISA Ira	ISTER AUTHORITY FORM Branch number							
Information about you								
Title: First name(s):	Surname:							
Date of birth:	ate of birth: Do you have a National Insurance (NI) number? Yes No							
If yes you must enter it here:	You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HM Revenue & Customs, or a letter from the DWP.							
Permanent home address:								
Postcode:	Contact phone number (including area code):							
Information about the Co-operative Ba	ink cash ISA / Fixed Rate Cash ISA you want to transfer your existing cash ISA into (to be completed by the customer)							
Sort code:	Account number:							
Information about the ISA you want to	transfer (to be completed by customer)							
Name of existing ISA provider:								
Sort code:	Account number:							
Roll number (if applicable):								
Please note The terms and conditions of come ISA produ	cts do not allow only part of an ISA to be transferred. Your existing provider may need you to give them specific information before the transfer can go ahead.							
Please check with your existing ISA provider								
Please answer either Question 1 1 If you have not subscribed to this cash	or Question 2: ISA in the current tax year, please indicate here how much of your cash ISA you want to transfer.							
Either if you want to transfer the whole								
·	n the current tax year, please indicate the total subscriptions made in current tax year:							
	presenting current tax year subscriptions can only be transferred in whole and not in part.							
Please indicate here how much of your	cash ISA you want to transfer.							
Either if you want to transfer the whole	cash ISA, tick here:							
or £	including all current years subscriptions, tick here: or excluding current year subscriptions, tick here:							
or, if you only want to transfer your sul	oscriptions from the current tax year, tick here:							
or, if you only want to transfer your sul	oscriptions from previous tax years, tick here:							
Transfer authority (to be completed by	customer)							
	er the ISA (account number above) to The Co-operative Bank. I authorise my existing ISA provider to provide The Co-operative Bank with any information tions from them relating to the cash ISA being transferred.							
Where I must give notice to close or transfer I instruct my existing ISA provider to either (t	part of the existing cash ISA, or the existing cash ISA contains a fixed-term deposit that has not reached its maturity date, ck the appropriate box):							
Wait for the full notice period to end or v or	Wait for the full notice period to end or wait until the maturity date (whichever is relevant) before going ahead with this transfer:							
Depending on the terms and conditions, carry out the transfer as soon as possible — I will accept any consequential loss of interest or charges which may be applied:								
The cheque should be payable to: The Co-op	·							
Signed:	Date: Date:							
Transfer acceptance (to be completed by The Co-operative Bank) We are willing to accept this ISA transfer in line with the customer's instructions above, as long as the following conditions are met:								
the transfer proceeds are made up of ca	ish deposits only							
 we must receive the transfer proceeds r where the customer has shown above the 	io later than at they want to transfer the subscription from the current tax year, this must not be more than the current subscription limit.							
	rapper under the ISA regulations, the date shown below will be the transfer date.							
Date:								

Once completed this form needs to be returned to:

Name of new provider: The Co-operative Bank Address: The Co-operative Bank, ISA Team, Britannia House, Leek, Staffordshire Moorlands ST13 5RG ISA Provider number: Z1232