

E-ISA

Power of Attorney application form



Please read these notes before you fill in this form

- The account will be operated strictly in accordance with the instructions confirmed within the Power of Attorney document.
- The Power of Attorney document must accompany the application. This must be the original document or a certified copy.
- The account must be for the donor's personal use - not for or on behalf of a business, charity, club or association.
- The funds must belong to the donor.
- The donor must be 16 or over, a UK resident and use a UK address for all correspondence. All attorneys must be 18 years or over.
- For legal reasons we must check the identity of all attorneys if they do not have an account with Virgin Money already (see below). Please note, we may also need to check the identity of the donor.
- The account can only be operated by post via our Main Office.

Virgin Money is obliged to confirm the identity of all investors. Please refer to the 'Confirmation of identity' form within the Helpful information section of the Savings homepage at virginmoney.com or contact us for further information.

Please insert the issue number of the account you wish to apply for: **Virgin Easy Access Cash E-ISA** **Virgin Fixed Rate Cash E-ISA issue**

Please complete all sections in black ink using block capitals and put a in the appropriate boxes. If any section is incomplete we may not be able to open your account.

I wish to open an E-ISA for the tax year 6 April 2012 to 5 April 2013 and to contribute to it for each subsequent year until further notice (subject to the terms and conditions of the account). Note: this is an option not an obligation.

Personal details

In accordance with HM Revenue & Customs regulations any alterations/amendments to this application form must be initialled.

	Donor	1st Attorney
Title: Mr, Mrs, Ms, Miss Other (please specify)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Name(s) in full	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address (including postcode) Please note that all communications will be sent to the first attorney's address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Home telephone number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Daytime telephone number (if different from above)	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
	2nd Attorney	3rd Attorney
Title: Mr, Mrs, Ms, Miss Other (please specify)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Name(s) in full	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address (including postcode) Please note that all communications will be sent to the first attorney's address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Home telephone number	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>
Daytime telephone number (if different from above)	STD <input type="text"/> <input type="text"/>	STD <input type="text"/> <input type="text"/>

Personal details (continued)

Donor
 Do you have any existing savings accounts with us? Yes No

If 'Yes' please provide details of your account number(s)

1st Attorney
 Yes No

2nd Attorney
 Do you have any existing savings accounts with us? Yes No

If 'Yes' please provide details of your account number(s)

3rd Attorney
 Yes No

Does the donor have a National Insurance Number? (Please place an 'X' in the box)

Yes No

If 'Yes' the National Insurance Number must be entered to comply with HM Revenue & Customs requirements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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You should be able to find your National Insurance Number on a payslip, forms P45 or P60, a letter from HM Revenue & Customs, a letter from the DWP or pension order book.

Nominated bank account

All withdrawals from the E-ISA must be sent to a nominated bank account. This account must be suitable for receipt of electronic payments (i.e. a Current Account). Bank or building society deposit type accounts cannot be used as the nominated account. Please check with the bank or building society that they are able to accept electronic payments. Please advise us of the details of the account you wish to use. This must be an account in the name of the donor.

Bank name
 Address
 Postcode

Bank sort code - -

Account number

Payee's name(s)

Payee's reference (if any)

Interest

How would you like your interest paid? (tick one choice only)

Annually Monthly

Virgin Easy Access Cash E-ISA

1. Added to the account
2. To another account with us in the name of the donor
3. To the donor's bank

Virgin Fixed Rate E-ISA

1. Added to the account
2. To another account with us in the name of the donor
3. To the donor's bank

Please provide details of the Virgin Money account to which the interest is to be transferred:-

Please provide details of the bank to which the interest is to be transferred, if different to your nominated account.

Bank name

Address

Bank sort code

 - -

Account number

Payee's name(s)

Payee's reference (if any)

Initial deposit

How will you be opening your account?

a) By cheque

Please confirm the amount

£

Please enclose the cheque with the completed application form, identity item(s) (if necessary) and Power of Attorney document. In the interest of security please make cheques payable to 'Virgin Money plc for the account of (insert account holder(s) name(s))' and crossed 'A/c Payee only'.

b) By electronic transfer i.e. Faster Payments Service (FPS), Bankers Automated Clearing Service (BACS), or Clearing House Automated Payment System (CHAPS)

You must return the completed application form, identity item(s) (if necessary) and Power of Attorney document.

We will then advise you of your account number and provide bank details to quote to your bank or building society for the transfer to take place.

c) By transfer from an existing account with us in the donor's name

Please confirm the existing account number

Please confirm the amount

£

To transfer the full balance, insert 'TO CLOSE' - Please note that closing interest will normally be added to the existing account before the transfer takes place.

Please ensure that the Power of Attorney document and, if applicable, the existing passbook(s) are enclosed.

Please note that the terms and conditions, any notice period, charge and other withdrawal restrictions relative to the existing account will apply.

d) By transfer from an existing Cash ISA with another provider. Please ensure you complete and return a separate Cash ISA transfer authority form for each Cash ISA you wish to transfer to us.

Using your personal information

The personal information you supply to us as well as information we already hold, may be used in a number of ways, for example,

- to assess and process this and future applications;
 - to verify your identity;
 - to prevent fraud and money laundering;
 - to manage your account(s);
 - for management of arrears and debt collection;
 - for audit purposes, research and statistical analysis; and
 - to identify other products and services which might be suitable for you (with your consent).
- (a) We may share your information with, and obtain information about you from credit reference agencies or fraud prevention agencies as outlined above. This may include details of any previous or subsequent names.
- (b) If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. For further details as to how your information held by fraud prevention agencies may be used please see below.
- (c) In addition to the above we will not ordinarily disclose information to other organisations (including subsidiaries of ours) except to help prevent fraud, where we are required by law, permitted under the Data Protection Act or in order to process your application. Where we pass on information, we will treat it with the same degree of care.
- (d) In order for us to offer you the best levels of service, we would like to provide you with information from time to time about products and services by post, fax, telephone, email or other electronic means. This may include other firm's products although we will not disclose your information to them. Please tick here if you do not wish to receive this information.

You declare that you are entitled to disclose information about all joint applicants and/or anyone else referred to by you and authorise us to search, link and/or record information at credit reference agencies about you and anyone else referred to by you.

For further information on how your information may be used by credit reference agencies, fraud prevention agencies, and ourselves, contact The Data Protection Officer, Virgin Money, Freepost NT45, PO Box 2, Newcastle upon Tyne NE3 4BR.

You can obtain a copy of the information we hold about you (for a fee) by writing to the above address. You also have a right to have any inaccuracies deleted or corrected.

Please read the personal information and declarations before signing and dating this application.

Declaration

If there is more than one attorney all must read and sign this declaration, if the donor is able to sign he/she should also read and sign this declaration. The attorney(s) are signing on behalf of the donor.

I declare that:

- All subscriptions made, and to be made, belong to me.
- I am 16 years of age or over.
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a Cash ISA and a Stocks and Shares ISA in the same tax year.
- I have not subscribed and will not subscribe more than the Cash ISA subscription limit to one Cash ISA.
- I have not subscribed and will not subscribe to another Cash ISA in the same tax year that I subscribe to this Cash ISA.
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown Employees Serving Overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Virgin Money if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I confirm I have read the literature for this account and agree to be bound by the terms and conditions of this account.

I authorise Virgin Money:

- To hold my cash subscriptions and any interest earned on those subscriptions.
- To make on my behalf any claims to relief from tax in respect of ISA investments.

Statements

- I/We understand that funds withdrawn will be used for the purpose for which the Power of Attorney is granted.
- I/We request that Virgin Money open an account in the name detailed above in accordance with the terms and conditions and that the account is administered according to the details given above. I hereby declare that this investment is made in accordance with the appropriate declaration above.

**I DECLARE THAT THIS FORM HAS BEEN COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
WARNING - FALSE STATEMENT INFORMATION MAY RESULT IN PENALTIES OR PROSECUTION.**

Alternative format

If you require this in an alternative format such as Braille, large print, audio or interpreter services, please call our Disability Awareness Team on 0191 279 5300. Lines are open 9am to 5pm business days. Calls are charged at your service provider's prevailing rate. Alternatively, our text phone number is 0191 279 8505 or you can contact us at disability.awareness@virginmoney.com.

These contact details should not be used for general enquiries relating to your account.

Confirmation of identity

Virgin Money takes suitable steps to check the identity of its investors and may telephone to confirm application details. We regret that it will not be possible to open an account unless suitable proof of identity is provided - funds will be returned if suitable proof of identity is not provided.

Signatures

Donor (if able to sign)

Date ____/____/____

1st Attorney

Date ____/____/____

2nd Attorney

Date ____/____/____

3rd Attorney

Date ____/____/____

Please return this form to Operations, Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne NE3 4PL