

Online Cash ISA Power of Attorney Application Form



Please complete all missing information using **BLACK INK** and **BLOCK CAPITALS**.

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 copy or original solicitor 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 18 or over. 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 will also need to check the identity of the donor.
- The account can only be operated by post via Jubilee House, Gosforth, Newcastle upon Tyne, NE3 4PL.

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.

I wish to open a Cash ISA for the tax year 6 April 2024 to 5 April 2025 and to contribute to it for any subsequent year until further notice (subject to the terms and conditions of the account). Note: this is an option and not an obligation.

Which account are you applying for?

Please write the name of the account you wish to apply for:

Please write the issue number of the account you wish to apply for:

Our Fixed Rate Cash E-ISAs only allow deposits up to 30 days after the account is opened, therefore if you wish to add to your Cash ISA every tax year they are not suitable.

Personal details

Donor

In line with HM Revenue & Customs regulations any changes to this application form must be initialled.

Title

Surname

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Donor residential address

Postcode	

Date moved to current address

M	M	Y	Y	Y	Y
---	---	---	---	---	---

Email

Home phone number (inc area code)

Other phone number

Nationality

Dual nationality 1

Dual nationality 2

Country of birth

Country of citizenship 1

Country of citizenship 2

Country of citizenship 3

Gender
 M F

Employment status
 Full-time Part-time Self Employed Contractor Homemaker
 On benefits Unemployed Student Retired
 Other

Occupation

Do you have a National Insurance number? (Please place a ✓ in the box.)
 Yes No

If you have a National Insurance number it must be entered to comply with HM Revenue & Customs requirements. You must provide your National Insurance Number to proceed with this application.

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.

If you already have a Virgin Money Savings Account, please provide the account number in this box

How will the account be funded?
 Salary/Pension Transfers from other accounts in your name Family/Gift
 Inheritance Current savings Sale of property Investment income
 Gambling/Lottery win Benefits Student Loan/Grant Rental income

Other

1st Attorney

In line with HM Revenue & Customs regulations any changes to this application form must be initialled.

Title Surname

Forename(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address
 Postcode

Home phone number (inc area code) Other phone number

If you already have a Virgin Money Savings Account, please provide the account number in this box

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2nd Attorney

In line with HM Revenue & Customs regulations any changes to this application form must be initialled.

Title Surname

Forename(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address
 Postcode

Home phone number (inc area code) Other phone number

If you already have a Virgin Money Savings Account, please provide the account number in this box

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3rd Attorney

In line with HM Revenue & Customs regulations any changes to this application form must be initialled.

Title Surname

Forename(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address
 Postcode

Home phone number (inc area code) Other phone number

If you already have a Virgin Money Savings Account, please provide the account number in this box

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Holding your information and your rights

We'll hold your information for as long as necessary to manage your relationship with us and to meet our legal and regulatory obligations.

You can always ask for a copy of any information we hold about you. And if you spot any errors, we'll correct them. You may also be able to ask us for some or all of your information to be deleted, or to limit the way we use it. Full details of all of your rights can be found on our website at virginmoney.com/privacy or by visiting any of our Stores.

If you're unhappy with the way we're using your information, please talk to us so we can try to sort it out. If this doesn't fix it, you can write to our Data Protection Officer at Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne, NE3 4PL or contact the Information Commissioners Office (ICO). The ICO is the UK's independent body set up to make sure organisations handle your information correctly. You'll find further details, including how to contact the ICO at ico.org.uk.

You declare that you are entitled to disclose information about all joint applicants and/or anyone else referred to by you.

If false or inaccurate information is provided and fraud is identified, details will be shared with fraud prevention agencies and this information may be accessed and used by law enforcement to prevent fraud and money laundering.

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 18 years of age or over.
 - I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year.
 - I am resident in the United Kingdom (UK) for tax purposes:
 - or if not 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 UK.
 - or I am married to, or in a civil partnership with, a person who performs such duties.
- I will inform the ISA account manager if I cease to be resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I agree to the ISA terms and conditions.

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.

Financial Services Compensation Scheme (FSCS) declaration

I have received and read the Financial Services Compensation Scheme booklet which contains an Information sheet and Exclusions list and provides details of the protection provided by the FSCS.

**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.**

Confirmation

Please sign to confirm you have read and agree to the 'Using your personal information' and 'Declaration' sections above.

Donor signature (if able to sign)

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1st Attorney signature

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2nd Attorney signature

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3rd Attorney signature

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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.

Can I get this in a different format?

Of course. If you need this in another format (e.g. Braille, large print or audio) please just let us know:

- By email: disability.awareness@virginmoney.com
- By phone: 0191 279 5300*

Finding things tough to get your head around?

Don't worry, we know it isn't easy. We're happy to take a bit more time to explain things if that would help. Just contact us on 0345 600 7301* and chat to one of our team.

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

For office and store use only

	Date rec & reg	Input checked
Cashier Code		
Date		
Cheque	Sort code	Account number
1		
2		

For office use only
Customer number
Account number

NA4	NA45 (Ex)	NA46	NA46 (Ex)	NA47	NA47 (Ex)	NA59	NA59 (Ex)	NA03 (Ex)	OP03

