

Application for a change of Registered Contact

This application form must be signed on the reverse by the applicant and accompanied by the relevant documentation.

Once you have completed and signed this application please send it to: **HSBC UK Bank plc, PO Box 6189, Coventry CV3 9HS.**

Telephone **03456 066 241** (textphone **03457 066 391**). Lines are open 8am to 6pm Monday to Friday (excluding public holidays in England). To help us continually improve our service and in the interests of security, we may monitor and/or record your communications with us.


For customer information – In order to process your application we will require a valid Common Reporting Standards self certification for the child. This can be obtained at [hsbc.com/en/rbwm/uk](https://www.hsbc.com/en/rbwm/uk).

Definitions used in this form and not defined in it are defined in the HSBC Child Trust Fund Terms and Conditions.

1. Personal Details of the person applying to be the new Registered Contact ("RC")

Are you the Child named in Section 2 who is now 16 years of age or over? Yes No

If you answer 'yes' to this question, please proceed to Section 2.

 Please refer to the section 'Your Information' within the HSBC Child Trust Fund ("HSBC CTF") Terms and Conditions for our personal data statement that details the uses to which we will put this information.

| | | | | | | | | |
|---|------------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|---|-----------------------|----------------------|
| RC's title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | Other (please specify) <input type="text"/> | | |
| RC's gender | <input type="text"/> | | RC's first name | <input type="text"/> | | | | |
| RC's middle Initials | <input type="text"/> | | RC's surname | <input type="text"/> | | | | |
| Have you ever had or been known by any other names? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please state: | | | | | |
| First name | <input type="text"/> | | Middle name | <input type="text"/> | | | | |
| Surname | <input type="text"/> | | | | | | | |
| RC's date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | RC's country of birth | <input type="text"/> |
| RC's address | <input type="text"/> | | | | | | | |
| | <input type="text"/> | | | | | | | |
| | <input type="text"/> | | RC's Postcode | <input type="text"/> | | | | |
| When did you move in? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

If you have lived at the present address for less than three years, please provide the previous address below

| | |
|----------------------|-------------------------------|
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | Postcode <input type="text"/> |

2. Personal Details of the **CHILD**

For customer information – In order to process your application we will require a valid Common Reporting Standards self certification for the child. This can be obtained at crs.hsbc.com/en/rbwm/uk.

| | | | |
|--|---------------------------------------|-------------------------|----------------------|
| Child's title (if any) | <input type="text"/> | | |
| Child's first name | <input type="text"/> | Child's middle Initials | <input type="text"/> |
| Child's surname | <input type="text"/> | | |
| Child's date of birth | <input type="text" value="DDMMYYYY"/> | | |
| Child's Unique Reference Number (URN) | <input type="text"/> | | |
| Child's address | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | Postcode | <input type="text"/> |
| When did the child move in? | <input type="text" value="DDMMYYYY"/> | | |
| If the child has lived at the present address for less than three years, please provide the previous address below | | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | Postcode | <input type="text"/> |
| Nationality/citizenship | <input type="text"/> | | |
| If multiple nationalities or citizenships are held please provide details | | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| In which country is the child resident for tax purposes | | | |
| | <input type="text"/> | | |
| If the child is resident for tax purposes in more than one country, include these below | | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |

We may use the Child's details to contact them regarding the HSBC CTF, once they are 16 years old. Once 16 years of age, the Child is entitled to become the RC themselves if they so choose without requiring the consent of the present RC. Where the Child does not choose this option, the present RC may remain as RC until the Child reaches the age of 18. If the Child is, or becomes, permanently resident outside the UK, you may need to complete a Non-Resident Regulatory Details Form, which is available from your local HSBC bank branch. Alternatively you can call **03456 066 241** (textphone **03457 066 391**). Lines are open 8am to 6pm Monday to Friday (excluding public holidays in England).

3. Declaration

I apply to be the Registered Contact for the HSBC CTF (which is a Stakeholder CTF) in the name of the Child named in Section 2 of this Application Form.

I declare that:

- ◆ I am 16 years of age or over.
- ◆ I am the Child / I have parental responsibility for the Child.
- ◆ I will be the Registered Contact for the HSBC CTF.
- ◆ I have received and read the HSBC CTF Key Features Document and Key Investor Information Document*.

These are important documents for you to read for your benefit.

* The Key Investor Information Document ("KIID") is provided for your information by HSBC Global Asset Management (UK) Limited. HSBC Global Asset Management (UK) Limited is responsible for the reliability and accuracy of the KIID.

- ◆ I agree to the HSBC CTF Terms and Conditions.
- ◆ I understand that, except in accordance with Clause 18 of the HSBC CTF Terms and Conditions, money cannot be withdrawn until the Child reaches 18 years of age.
- ◆ The information on this form is true and correct to the best of my knowledge and I will notify HSBC UK Bank plc without delay if any of the circumstances change affecting the information on this Application Form.
- ◆ I understand that subscriptions to this HSBC CTF are a gift to the Child named on this Application Form, who is the beneficial owner of the HSBC CTF.
- ◆ I understand that, except in accordance with Clause 18 of the HSBC CTF Terms and Conditions, any excess Subscriptions held in the Overflow Account, in accordance with the HSBC CTF Terms and Conditions, cannot be repaid to either myself or the person(s) who made the Subscription(s).
- ◆ I/We have received a copy of the FSCS Information Sheet and Exclusions List.

I understand that I must tell all persons who want to subscribe to the HSBC CTF that:

- ◆ The money they subscribe will be a gift to the Child and cannot be repaid to them; and
- ◆ If the Maximum Subscription Limit has been reached for that Subscription Year, then their money will still be a gift to the Child and this cannot be repaid to them and will be placed in the Overflow Account.

I authorise HSBC UK Bank plc:

- ◆ To hold the Child's HM Revenue & Customs contributions, Subscriptions, Child Trust Fund 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 Child Trust Fund investments.
- ◆ To hold excess subscriptions to this HSBC CTF in an Overflow Account in accordance with the HSBC CTF Terms and Conditions.
- ◆ This authorisation shall continue to be effective until I cease to be the Registered Contact and a new Registered Contact provides an equivalent authorisation.

Information about Products, Services and Promotions

If you agree, the HSBC Group may use and share relevant information about you, your transactions and your relationships with the HSBC Group, to give you information about products, services (including mortgages) and promotions available from members of the HSBC Group and selected third parties which may interest you by post, telephone, electronic and other means.

By completing this application you will be consenting to the use of your information for this unless you tick the appropriate box(es) below to indicate that you do not wish to receive such information;

No post No email
 No telephone No mobile messaging

By signing this application, you agree that we can use your information in the way set out above and in our HSBC Child Trust Fund Terms and Conditions.

Signature

Date

Either complete Section 4 or Section 5

4. Agreement of existing Registered Contact

Name of existing Registered Contact

Date of Birth

I no longer wish to be the Registered Contact for the HSBC CTF in the name of the Child named in Section 2 of this Application Form and agree to the change of Registered Contact. Any authorisation I have given HSBC UK Bank plc to

- hold the Child’s HM Revenue & Customs contributions, Subscriptions, Child Trust Fund 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 Child Trust Fund investments shall be cancelled when the change of Registered Contact is effective.

Signature

Existing Registered Contact’s signature

Date

5. Reason for change of Registered Contact

We can only change the Registered Contact without their permission for the following reasons. Please tick which is appropriate and supply the supporting documents.

The Child is now 16 years of age or over and wishes to be Registered Contact.

Please send a certified copy of a passport as proof of age.

Incapacity or death of the Registered Contact.

Please send an original or a certified copy*¹ of evidence of incapacity, or an original copy of the Death Certificate. Alternatively, we can accept a Death Certificate Verification Form prepared by your solicitor or an official*² copy of the original Death Certificate which can be verified by an HSBC branch.

Adoption of the Child.

Please send a certified copy*¹ of the adoption papers.

Expiration of a previous court order naming the existing Registered Contact as a responsible person for the Child.

Please send a certified copy*¹ of the court order showing expiry date or other such evidence.

New court order confirming that the existing Registered Contact should cease to be so.

Please send a certified copy*¹ of the court order.

Lost contact with the Registered Contact.

If we have also lost contact with the existing Registered Contact we can accept this reason and rely on our own records.

*¹ Certified copies of documents may be prepared by your solicitor.

*² An Official Copy is an official watermarked copy certificate produced by a Registrar Office subject to a fee. For further information on the current fees refer to your local Registrar Office.

Accessibility

To find out more about our accessible services please visit [hsbc.co.uk/accessibility](https://www.hsbc.co.uk/accessibility) or ask at any of our branches.

If you'd like this in another format such as large print, Braille or audio, please contact us.

A textphone service is available for customers with hearing and/or speech impairments. If you use your own textphone you can call us on **03457 125 563 (+44 207 088 2077)** from outside the UK).

BSL Video Relay Service is also available (Monday-Friday 8am-6pm, excluding Bank and Public Holidays) at [hsbc.co.uk/accessibility](https://www.hsbc.co.uk/accessibility).

hsbc.co.uk

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Issued by HSBC UK Bank plc

HSBC UK Bank plc. PO Box 6189, Coventry CV3 9HS

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