

Please contact Customer Services on **0345 0700 720** if you have any questions about completing this form.

Please complete all fields in this form (where applicable).

### Section A Primary applicant personal details

Selftrade Dealing Account number

If you do not have an account, you must also complete a Dealing Account application form and return it with this form.

Title

Mr

Mrs

Miss

Ms

Other

Last Name

First Name(s)

Home telephone number

Permanent home address

House no

Postcode

Address

Date of Birth

### Section B Transfer investments from another account provider

Name of existing provider

PrimaryBid Limited

Address details of existing provider

The Royal Institution  
21 Albermarle Street  
London

Postcode

W1S 4 BS

Telephone number of existing provider

020 7491 6519 Liam Bulmer settlements@primarybid.com

Account Name(s)

PrimaryBid

Account Number

PB ID:

## Section B (continued)

Please provide details of securities to be transferred

Quantity



## Section C Declaration

I/We hereby authorise the existing provider named in Section B to provide Selftrade with all such relevant information relating to my/our investments which they may require, and to transfer these investments to my/our Selftrade Dealing Account with immediate effect.

I/We confirm that I/we have a Dealing Account or enclose a Dealing Account application form.

**Signature**

**Date**

D	D	M	M	Y	Y	Y	Y
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**Joint holder Signature(s) (if applicable)**

**Date**

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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## Next Steps

You will receive a notification when your transfer has been initiated. We will contact the other party and arrange for the stock to be transferred into your account. Once the transfer has been completed, you will receive notification that the stock is available in your account.

**Please return this form to:**

Selftrade, PO BOX 4923, Worthing BN99 6SF