

Completing this form

Use this form to apply for a certificate to prevent deduction of special withholding tax. A separate form must be completed for each paying agent and each account provider. Once completed the form should be sent to your own tax district. Please read the guidance at www.hmrc.gov.uk/esd-guidance/app-for-cert.htm before you complete this form. You must supply **all** of the information asked for below.

Your details

Your title, enter MRS, MISS, MS, MR or other title

Your surname

Your first name(s)

Your address

Postcode

Do you have a National Insurance number?

No Yes

If Yes please enter your number in the box below then go to **Your account details** in the next column

If you do not have a National Insurance number please answer the following questions

Your date of birth DD MM YYYY

Your town of birth

Your country of birth

Now go to **Your account details** in the next column

Your account details

The account number(s) of the investments you hold with this account provider.

If more than one account please attach a detailed list

The name and address of your paying agent

This is the person or financial organisation making the payment to you of relevant savings income

Name
Address
Postcode

The period for which the certificate is to apply

Tick as appropriate

Three years

Two years

Declaration

I declare that the information given on this form is correct and complete.

Signature

Date DD MM YYYY

Name in capital letters

Contact phone number