

### How to fill in this form:

- **You need to complete all sections**
- This form should be used for individuals:
  - Account holders of an ISA, GIA or SIPP
  - Trustees of a Bare Trust
  - Adult beneficiaries of a Bare Trust
- If you have a company or are a trustee for another type of Trust account, please complete the 'Additional Details Form - for companies'
- Please use black ink and write clearly inside the boxes provided using capital letters

- ## What's next?

TR COMM

## Fidelity

**PO Box 391**

## Tadworth KT20 9FU

We will not use any information supplied on this form for marketing purposes.

**Account number (if you are a trustee of a Bare Trust, please add the trust account number here)**

[illegible]

### Title

☐ Mr ☐ Mrs ☐ Ms Other:

**Surname**

[illegible]

**First and other names in full**

[illegible]

Date of birth (DDMMYYYY)

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National Insurance Number

(this can be found on a payslip or a letter from HMRC)

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### No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

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**Are you a UK National?** (Please mark an X in the box) ☐ If the UK is the **only** country you are a national of, please go to section 3.

**Are you a national of any of the countries listed in the table below?**

If so, please mark an X in the box next to **any** country that applies to you. If you hold one of these nationalities, please provide the requested identifier. If you are a national of more than one of these countries, you should only provide your identifier details for the country that is **closest to the top of the list**.

## 2 About your nationality (continued)

Country you are a national of	Mark an X in the box	Identifier required *
Austria	<input type="checkbox"/>	None required
Belgium	<input type="checkbox"/>	Identity card number
Bulgaria	<input type="checkbox"/>	Identity card number
Cyprus	<input type="checkbox"/>	Passport number
Czech Republic	<input type="checkbox"/>	Identity card number
Germany	<input type="checkbox"/>	None required
Denmark	<input type="checkbox"/>	Identity card number
Estonia	<input type="checkbox"/>	Identity card number
Spain	<input type="checkbox"/>	Tax number
Finland	<input type="checkbox"/>	Personal Identity Code
France	<input type="checkbox"/>	None required
United Kingdom	<input type="checkbox"/>	National insurance number
Greece	<input type="checkbox"/>	10-digit DDS account number
Croatia	<input type="checkbox"/>	Identity card number
Hungary	<input type="checkbox"/>	None required
Ireland	<input type="checkbox"/>	None required
Iceland	<input type="checkbox"/>	Identity card number
Italy	<input type="checkbox"/>	Fiscal code
Liechtenstein	<input type="checkbox"/>	Passport number
Lithuania	<input type="checkbox"/>	Identity card number
Luxembourg	<input type="checkbox"/>	None required
Latvia	<input type="checkbox"/>	Identity card number
Malta	<input type="checkbox"/>	Identity card number
Netherlands	<input type="checkbox"/>	Passport number
Norway	<input type="checkbox"/>	Identity card number
Poland	<input type="checkbox"/>	Identity card number
Portugal	<input type="checkbox"/>	Tax number
Romania	<input type="checkbox"/>	Identity card number
Sweden	<input type="checkbox"/>	Identity card number
Slovenia	<input type="checkbox"/>	Identity card number
Slovakia	<input type="checkbox"/>	Identity card number

**Your identifier** – Please note your identifier in the boxes provided.

[illegible]

\* If you have not been issued with the required identifier, please contact us - you will find our number on the accompanying letter.

## 2 About your nationality (continued)

If you are **not** a national of the UK or any country listed on the previous page, please give us details in the boxes below.

### First nationality

□ □

**Passport number**[illegible]

### Second nationality

[illegible]**Passport number**

□ □

### 3 Declaration and signature

Before signing the declaration below, please ensure you have appropriate authority to provide the information.

I declare that the information I have given is correct to the best of my knowledge, and I will tell Fidelity immediately if any of it changes.

**Your signature**

By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

**Signature**

	
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**Print name**

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## Date signed

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(DDMMYYYY)