

Gift Payment Slip

JISA Subscription Gift for:

Name of Child: TSCTRADE JISA a/c No:

Your relationship to Child: Parent/Legal Guardian/Grandparent/Other relative/Friend*

Subscription amount: £..... Payment method: Cheque/Standing order/Debit Card/Bank Giro*

Payment Date: Is this your first payment: yes/no* (*please delete as appropriate)

Your First Name: Your Surname: Your DOB:

First line of your residential address:..... Town/City:

County: Post Code: Country:

PLEASE SEND TO: JISA CUSTOMER SUPPORT, TSCTRADE, 26 THROGMORTON STREET, LONDON EC2N 2AN

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