Incoming Transfer of Investment Portfolio

Please email this form to clients @degiro.co.uk and include 14738/302 in the subject line. Additionally, please include a proof of account ownership with your other bank. This may be a screenshot or an account statement showing your name and account number at your other provider.

Positions to be transferred (Please complete the table)

Position	Product Name	ISIN	Quantity	Exchange LSE
Example	Example PLC	GB0123456789	10	LSE
1				
2				
3				
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30				

If you would like to transfer more than 30 positions, please submit another transfer request.

Casn	balance to be transferred (Please fill C	out accordingly if applicable)
EUR	from account Amount	Account number/IBAN
USD	from account Amount	Account number/IBAN
GBP	from account Amount	Account number/IBAN
CHF	from account Amount	Account number/IBAN
Secu	rities credit to be transferred (Please f	ill out accordingly if applicable)
GBP	Amount	



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Accou	unt details: DEGIRO account (Please complete all fields)		
	Username		
	Full name of the account holder		
	Full name of the joint account holder (if applicable)		
	(
Accou	unt details: Sending account, your bank/broker/financial institution (Please complete all fields)		
	Name of the financial institution		
	Account number		
	Full name of the account holder		
	Full name of the joint account holder (if applicable)		
	E-mail address of broker		
	This account is from the following country:		
Rema	rks on the portfolio transfer to DEGIRO		
\bigwedge	Not transferrable: Purchase prices, accrued loss balances & products that are unavailable at DEGIRO.		
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(3)	Transfers typically take 4-6 weeks to complete.		
9	The fee per position (i.e. per row in the above table) is EUR 10.00.		
•	Change of Beneficial Ownership excluded: All account holders		
1	are mentioned & match in both accounts in name and number.		
\Rightarrow	I/we confirm the completeness and accuracy of the information & accept the aforementioned conditions of the portfolio transfer.		
•	a accept the distributioned conditions of the portions transfer.		
Date	Signature: Account holder Signature: Joint account holder (if applicable)		

Please sign this form by typing your name into the corresponding signature field.

