



Please complete this bank mandate with the personal details of all authorised signatories.

If you require more than 6 signatories please contact our Customer Service team on 03000 123 456 to request an extended signatories list.

**Please retain a copy of this bank mandate for your future reference. It is important to keep your signatories up to date to ensure your banking facilities can be used in a secure manner.**

## Mandate

CAF Bank account number(s) to which this applies:

### Organisation name

Date effective:

Registered charity number:   
(if applicable)

Companies House number:   
(if applicable)

- (a) continues to appoint the Bank as its bankers; and  
(b) replaces any existing mandate to the Bank (except in relation to cheques and other instructions given before the Bank receives this resolution);
- accepts all relevant terms and conditions for the time being applicable to its accounts with the Bank and confirms such

acceptance to the Bank by delivering this bank mandate. For your own benefit and protection you should carefully read the terms and conditions prior to signing below. If there is anything you do not fully understand please ask for further information or seek professional advice or guidance. The Bank's terms and conditions can be obtained at [www.cafonline.org](http://www.cafonline.org) or by calling our Customer Service team on 03000 123 456.

3 authorises any individual named below in 'Signatories' (an 'authorised person') either individually or, if relevant, with other authorised person(s) in accordance with the information contained in 'Instruction format' below to;

- vary the terms of their bank mandate and vary or enter into any other agreements with the Bank from time to time;
- give instructions concerning the operation of our bank accounts and otherwise communicate with the Bank in accordance with the Bank's applicable terms and conditions and this mandate.

### Instruction format

Please tell us how you would like your account to run, eg a minimum of two signatures for cheques, three signatures for other instructions etc. Please ensure you meet any signing stipulations as stated in your most up to date governing document.

Please accept:  Two signatures  Other\*

\* Please indicate briefly how you wish us to accept instructions. Please note CAF Bank would advise a minimum of 2 signatories.

### Signatories

We make electronic identity checks using your signatories' date of birth, home telephone (landline) number and address history for the last **three years**. If any signatories have lived at their current address for less than three years you must provide their previous three year address information at the end of this form. Not providing this will prevent us from progressing the application until further steps to identify the individuals can be made.

Please note, we recommend you have at least two nominated signatories to approve transactions in writing. When nominating signatories, it is best to consider practical issues of obtaining signatures whenever required. Ensure that all signatures are **exactly** as your signatories would normally sign as any discrepancy may result in requests for money to be sent being returned. In some rare circumstances we may be required to contact the signatories on the contact details provided on this form.

Account signatory 1 -  Mr  Mrs  Ms  Miss  Other

Full name  Date of birth  (dd/mm/yy)

Nationality  Home telephone (inc std)

Home address  Position

Postcode  Signature

Account signatory 2 -  Mr  Mrs  Ms  Miss  Other

Full name  Date of birth  (dd/mm/yy)

Nationality  Home telephone (inc std)

Home address  Position

Postcode  Signature

Your CAF Bank account number(s) to which this applies:

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Bank Mandate - Signatories continued

Account signatory 3 - <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Full name	Date of birth (dd/mm/yy)
Nationality	Home telephone (inc std)
Home address	Position
Postcode	Signature
Account signatory 4 - <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Full name	Date of birth (dd/mm/yy)
Nationality	Home telephone (inc std)
Home address	Position
Postcode	Signature
Account signatory 5 - <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Full name	Date of birth (dd/mm/yy)
Nationality	Home telephone (inc std)
Home address	Position
Postcode	Signature
Account signatory 6 - <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Full name	Date of birth (dd/mm/yy)
Nationality	Home telephone (inc std)
Home address	Position
Postcode	Signature

## Declaration

This declaration must be signed by existing authorised signatories in accordance with your existing mandate held with the Bank. This mandate replaces any existing mandate held at the bank for the stated account numbers only.

We the undersigned confirm that we have authority to act on behalf of our organisation to enter into this agreement and to authorise the account signatories above.

**We understand previous signatories will have their Business Card(s) cancelled, unless we inform you under separate instruction - signed in accordance with our new mandate.**

Full name 1	Signature	Date
Position		
Full name 2	Signature	Date
Position		

Your CAF Bank account number(s) to which this applies:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Previous addresses

This section is for authorised signatories who have lived at their current address for less than three years. Please supply further address details to complete the process.

Please complete your full name, house name or number, road name, and the postcode.

There is more space provided on the reverse of this page.

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

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Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

---

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

Your CAF Bank account number(s) to which this applies:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous addresses continued

Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)
Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)
Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)
Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)
Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)
Full name
House name/number, road name
Postcode
Date from <input type="text"/> to <input type="text"/> (mm/yy)

Telephone calls may be monitored or recorded for security/training purposes.  
Lines are open Monday to Friday 9am - 5pm (excluding English bank holidays).

CAF Bank Limited (CBL) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 204451. Authorisation can be checked on the financial services register at [www.fca.org.uk](http://www.fca.org.uk)  
CBL Registered office is 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ. Registered under number 1837656. CBL is a subsidiary of Charities Aid Foundation (registered charity number 268369).

