If you have any questions when completing this form, or you require additional Payroll Registration Forms please contact a member of CAF Customer Services on 03000 123 000 or giveasyouearn@cafonline.org

Please complete a separate Payroll Registration Form for each payroll you wish to be included in your CAF Give As You Earn Service.

This form can be used to register additional payroll centres within your organisation, so long as Employees are officially contracted with the Customer organisation. If Employees are officially employed by a subsidiary of the customer, the subsidiary is classed as a separate legal entity and you should complete a separate CAF Give As You Earn Application Form.

Please indicate how you are using this form:

☐ To register a new payroll under a new CAF Give As You Earn Service. Please attach this form to your CAF Give As You Earn Application Form and submit together

☐ To register a new payroll under an existing CAF Give As You Earn Service. Please provide the CAF Give As You Earn agreement number (if known):

☐ To update information relating to a payroll that already forms part of your CAF Give As You Earn Service. Please provide the following information (if known):

CAF Give As You Earn agreement number
CAF Give As You Earn payroll number

Section 1
Employer details

Organisation name

Please complete one of the following as most appropriate:

☐ Registered company number

☐ Registered charity number

☐ Other – please provide details:

Registered address

Postcode

Website

Main telephone number

Parent organisation

Parent organisation (if applicable)

CAF use only

Agreement/contact number

Payroll number

Registered charity number
This should be the number assigned by either the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI).

Website
This is your main corporate website.

Parent organisation
If your organisation is part of a wider group, please list the main parent organisation.
### Section 2

#### Your payroll

#### 2.1 Payroll contact details
Please provide us with the details of the person you would like us to use as the main contact for communications relating to this payroll. If the main contact is the same as specified on your original CAF Give As You Earn Application Form, please tick the appropriate box and skip to section 2.2.

Please indicate if you would also like this contact to be a Contact Administrator (authorised to add and/or remove contacts relating to this Service) or a Service Administrator (authorised to add and/or remove contacts relating to this Service and set up new Services on behalf of the Customer).

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full forename(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job title</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work address</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2.2 Payroll details

##### Number of Employees
An approximation is sufficient.

##### Tax district
This is the HMRC tax district under which your organisation is registered.

##### Donor Analysis Reports
This is the regular report you will send to us for each payroll period, and lists Participating Employees, their total Employee Donations and any matched funds. The preferred format for submitting Donor Analysis Reports is by electronic donor analysis (EDA), which is a format specified by CAF (see www.cafonline.org/eda for more information).

#### 2.3 Sub-Processor
If you use one or more of the following sub-processing organisations please tick all which apply below and see guidance notes to the left. If not, please skip to section 3.

- payroll bureau/processing agent
- professional fundraising organisation
- technology service provider

---

## Section 2 Your payroll

<table>
<thead>
<tr>
<th>2.1 Payroll contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as the payroll contact in section 3.1 of your CAF Give As You Earn Application Form</td>
</tr>
<tr>
<td>Mr</td>
</tr>
<tr>
<td>Full forename(s)</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Job title</td>
</tr>
<tr>
<td>Work address</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2 Payroll details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Employees</td>
</tr>
<tr>
<td>HMRC references</td>
</tr>
<tr>
<td>Donor Analysis Reports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.3 Sub-Processors</th>
</tr>
</thead>
<tbody>
<tr>
<td>payroll bureau/processing agent</td>
</tr>
<tr>
<td>professional fundraising organisation</td>
</tr>
<tr>
<td>technology service provider</td>
</tr>
</tbody>
</table>
Section 3
Matching

The level of matching and any matching limits will be applied to all Participating Employees.

Matching limits – matching limits are set per pay period, not per annum or any other frequency.

Maximum match – this is the maximum matching donation you will make per Participating Employee per pay period.

Minimum match – this is the minimum total Employee Donation that a Participating Employee must make per pay period to qualify for matching.

Both maximum and minimum limits can be combined, eg, donations can be matched at 50% up to £50 per Participating Employee per pay period, if they make a total donation of at least £10 in that pay period.

*Please complete a CAF Company Account Application Form and attach to this form. You can download the CAF Company Account Application Form from www.cafonline.org/companyaccount, or request a copy by calling 03000 123 000 or emailing companyaccounts@cafonline.org

Please complete this section if you wish to match Employee Donations, otherwise, skip to section 4.

Level of matching
You can choose to match in full (ie, for every £10 donated, you will match £10) or at any other percentage rate (eg, if you specify 50%, for every £10 donated you will match £5).

Please select one option and complete as appropriate:

- [ ] Match Employee Donations in full (100%)
- [ ] Match Employee Donations at ________ %

Matching limits
Please indicate if you would like to set any upper or lower limits on matching by completing the appropriate section below (please complete one, both or neither option, as appropriate):

- [ ] Maximum match per Participating Employee per pay period £__________
- [ ] Minimum Employee Donation that you will match per Participating Employee per pay period £__________

Funding your matching
Please indicate how you wish to pay your matching funds:

- [ ] You will send matching funds along with the Employee Donations
- [ ] You would like matching funds to be taken from an existing CAF Company Account.
  Please specify account number: _______________________
- [ ] You wish to set up and pay matching funds from a new CAF Company Account*

If you would like to have even more control over how you match your Employees’ donations (for example, to exclude particular charities or types of charities from receiving matching funds), you may wish to consider the CAF Matched Giving Service. Please visit www.cafonline.org/matchedgiving or call 03000 123 000 for further information.
Section 4
Paying fees

Many employers choose to pay CAF Give As You Earn fees on behalf of their employees. Otherwise, they are taken from the Employee Donation. You can choose from one of three options:

- Pay all fees
- Pay all fees with a cap of £10 per Employee Donation per pay period. Any outstanding fees will be taken from the relevant Employee Donation.
- Do not pay any fees (in which case they will be taken from the Employee Donations).

If you have opted to pay any part of the fees (options 1 or 2 above), please indicate how you would like to make the payment:

- Fees should be taken from an existing CAF Company Account.
- Fees should be taken from a new CAF Company Account*
- You wish to be invoiced quarterly for fees

If you have indicated that you would like to be invoiced for fees, please specify an invoicing contact below:

- Same as the payroll contact specified in section 2.1 of this form
- Someone other than the payroll contact – please specify below

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Job title

Work address  Same as the organisation's registered address

Other (please specify)

Postcode

Work email address

Work telephone number
Section 5
Certification

The form must be signed by one of the following individuals:
- An existing user authorised as a Service Administrator
- Company: Director
- LLP or other partnership: Partner
- Charity/Trust: Trustee*
- Other non-incorporated organisation: Chief Executive or equivalent*

If it is signed by someone other than the authorised signatory specified above, please enclose evidence of their authority to sign on behalf of your organisation. This should be either an original document or a certified copy of the original.

A certified copy of a document is one which has been certified on every page as a true copy of the original by a suitable certifier and contains the following:
- the name, signature, position and regulatory number (if applicable) of the suitable certifier
- a statement to the effect that the document is a true copy of the original
- the date on which the document was certified

A suitable certifier is a professional person (including those who are retired) eg, bank or building society officials, police officers, civil servants, ministers of religion, teachers, accountants, engineers and solicitors. You can find a full list on www.direct.gov.uk/passports

*If your constitution requires more than one signature, please provide these with title, full forename, surname and job title on a separate sheet and arrange for the individual(s) to sign the form.

If you need any further guidance to help you complete this form, please contact us on 03000 123 000 or email giveasyouearn@cafonline.org

Please tick and certify each of the statements below.

By signing this Payroll Registration Form, we, the Customer, confirm that:
- we agree to purchase the Services as set out in the CAF Give As You Earn Service Schedule and we accept the CAF Services for Companies Terms and Conditions
- if there was anything that we did not fully understand, we have sought professional advice and guidance before sending this completed form to CAF
- the individuals detailed on this form have authorised the disclosure of their personal details to CAF
- the information given in this registration form is accurate
- we are responsible for updating CAF if contact details, access privileges or third parties change (including if an individual is no longer employed by the Customer)

Signed for and on behalf of the Customer:

<table>
<thead>
<tr>
<th>Full forename(s)</th>
<th>Surname</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authorised signatory Date dd/mm/yyyy

Next steps

Charities Aid Foundation (CAF) of 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA whose charity registration number is 268369 will notify you in writing when your application has been accepted. No binding agreement shall exist until CAF sends the Customer written confirmation of the acceptance of the application.

If you wish to match Employee Donations, please also complete and submit an Organisation Registration Form, unless you have already done so and there are no changes to the information. Please call CAF Customer Services on 03000 123 000 if you need to obtain a copy of your Organisation Registration Form or would like to check the information you submitted previously.

Please take a copy of your signed form for your records and return your completed form to:
Customer Services, Charities Aid Foundation
25 Kings Hill Avenue,
Kings Hill,
West Malling,
Kent ME19 4TA

or email giveasyouearn@cafonline.org