

# CAF GIVE AS YOU EARN<sup>®</sup>

## Third Party Notification

This form must be used where you wish to appoint a subsidiary company, payroll processing agent, professional fundraising organisation and/or a technology service provider (including a flexible benefits provider) to manage the instructions for your payroll giving.

If you have any questions when completing this form, please contact a member of CAF Customer Services on 03000 123 000 or [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)

### CAF Give As You Earn agreement number

If you are submitting this form at the same time as a CAF Give As You Earn application form, please leave this blank.

### Organisation name

Please provide full legal name.

### Address

Please provide the registered office address or principal place of business.

### Effective date of appointment

Please note that this date must be not less than 10 days after the date on which this form is received by CAF.

## Organisation details

CAF Give As You Earn agreement number	<input type="text"/>
Organisation name	<input type="text"/>
<b>Contact details</b>	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Job title	<input type="text"/>
Work email address	<input type="text"/>
Work telephone number	<input type="text"/>

## Appointment

We, the above-named CAF Give As You Earn Customer, hereby notify you that we have appointed the following as our third party (please tick):

- Subsidiary company/branch
- Payroll bureau processing agent
- Professional fundraising organisation
- Technology service provider relating to payroll/employee giving (including a flexible benefits provider)

**Third Party details**

Organisation name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Registered company number	<input type="text"/>
Main contact name	<input type="text"/>
	<input type="text"/>
Email address	<input type="text"/>
	<input type="text"/>
Telephone number	<input type="text"/>
Effective date of appointment	<input type="text" value="d d m m y y y y"/>

# Authorisation, undertakings, warranty and indemnity

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

## Who can certify your documents?

- A notary public
- A Solicitor or barrister who's licensed to work in the UK
- A bank employee, stockbroker, IFA or an accountant from a firm that's regulated by the Financial Conduct Authority
- An authorised representative of the embassy or consulate that issued your ID
- The Post Office, for a small fee. If the certifier is working in a professional practice or regulated position (as listed above) they must be independent of the person for who they are certifying.

\*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 123000 or email [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)

Capitalised terms used, but not defined, below shall have the meanings ascribed to them in the CAF Give As You Earn Service Schedule and the CAF Services for Companies Terms and Conditions.

- We hereby authorise CAF to deal with the above-named third party in respect of our CAF Give As You Earn Service as if they were ourselves (the Customer) unless and until we notify CAF otherwise in writing.
- We acknowledge and understand that CAF receives Personal Data direct from our employees, workers, pensioners and/or any other persons who are participating in our CAF Give As You Earn Service (our Employees).
- We undertake to CAF that we have obtained from Employees, and that we will obtain from any future Employees, such undertakings, permissions or consents as are necessary or appropriate to enable CAF to deal with the above-named third party in respect of our CAF Give As You Earn Service as if they were ourselves (the Customer).
- We confirm and warrant that the Third Party appointed by this Third Party Notification Form will comply with all relevant Data Protection Legislation and that we have entered into a written contract with them requiring them to comply with Data Protection Legislation.
- We acknowledge the harm that might result from such unauthorised or unlawful processing of Personal Data and warrant and represent to CAF that any Personal Data received by CAF from either ourselves or the above-named third party is provided to CAF, and is permitted to be provided to CAF, in compliance with all applicable laws, enactments, regulations, orders, standards and other similar instruments.
- We agree to indemnify and keep indemnified and defend at its own expense CAF against all costs, penalties, fines, claims, damages or expenses incurred by CAF or for which CAF may become liable due to any failure by either ourselves or the above-named third party (or our/its employees or agents) to comply with any of the above and for any claim brought by an Employee arising from any action or omission by CAF, to the extent that such action or omission resulted directly from the instructions, actions or omissions of either ourselves or the above-named third party (or our/its employees or agents).

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	
Full forename(s)	
Surname	
Job title	
Authorised signatory	Date dd/mm/yyyy

## Next steps

Please keep a copy of this signed form for your records and email your completed form to: [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)