

# CAF SERVICES FOR COMPANIES

## Contacts Form

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

This form allows you to provide us with any new or updated contacts/users for your stated CAF account.

Please provide your account information below and complete all the relevant parts of this form to provide us with any new or updated contacts/users.

Please ensure section three – the Certification is signed.

Please complete one form for each account you would like to update/add to.

Please indicate why you are using this form:

To add a new contact/user

To amend an existing contact/user

Account information

Account name

Account number

## Section 1 Contacts

In this section, please provide us with the contact details for the individual(s) who should receive information and communication about this account.

Main communications contact  
This individual will receive all communications from CAF regarding your account e.g. marketing, product updates, CAF Voucher Books and any day-to-day queries.

Main communications contact

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Job title

Work address

Postcode

Work telephone number

Work email address

Please tick if you would like a CAF Voucher Book.

**Statement contact**

This individual will receive paper statements for this account.

**Statement contact**

If you do not wish to receive paper statements for this account please tick here

If the statement contact is the same as the main contact above please tick here

If different please complete details below:

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Job title

Work address

Postcode

Work telephone number

Work email address





Contact details

Level 1 – Information

Level 2 – Signatory

Level 3 – Contact Administrator

Level 4 – Service Administrator

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Job title

Contact details as previously provided on this form – skip to Identification details

If not previously provided please complete details below

Work address

  
  

Postcode

Work telephone number

Work email address

  

Identification details

Please provide the following details for any user authorised at level two, three or four.

If you have already provided us with your date of birth and home address, you do not need to do so again. Please tick the relevant box below to indicate when this was provided to us:

on Organisation Registration Form

on application for agreement number

If not previously provided please complete details below:

Date of birth

  

Home address

  
  

Postcode

If you have lived at your home address for less than three years, please provide all previous address details for the last three years on a separate sheet.

Sample signature

Date dd/mm/yyyy

## Section 3

# Certification

This form must be signed by one of the following individuals:

- An existing user authorised as a Contact Administrator or 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 else, please enclose evidence of their authority to sign on behalf of your organisation. This could be a copy board resolution or an extract from your signing authorities or an e-mail from a director.

A certified copy of a document is one which has been certified 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 sheet.

If you need any further guidance to help you complete this form, please contact us on 03000 123000 or email [companyaccounts@cafonline.org](mailto:companyaccounts@cafonline.org) or [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)

By signing this form, we, the Customer, confirm that:

- if there was anything we did not fully understand we have sought professional advice and guidance before sending this completed form to CAF
- the information given on this form is accurate
- the individuals detailed on this form have authorised the disclosure of their personal details to CAF
- we are responsible for updating CAF if the contact details or access privileges change (including if an individual is no longer employed by the Customer)

Signed for and on behalf of the Customer:

Authorised signatory

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Job title

Authorised signatory Date dd/mm/yyyy

## Next steps

Once completed and signed, please return the form by email to [companyaccounts@cafonline.org](mailto:companyaccounts@cafonline.org) or [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)