CAF SERVICES FOR COMPANIES

Organisation Registration Form

In order to comply with UK anti money-laundering regulations, we are required to complete checks on your organisation and on individuals involved in operating the services before your application can be accepted.

Wherever possible these checks are performed electronically. In certain circumstances, however, it may be necessary to request additional identification documentation to satisfy our requirements under the regulations.

If this is the first time you are completing this form, please fill in all sections. If you are using this form to amend information previously submitted to CAF, please complete sections 1 and 7 and update the relevant fields in sections 2 to 6.

Section 1
About your organisation

Please provide us with some information to help identify your organisation

<table>
<thead>
<tr>
<th>Organisation name</th>
</tr>
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<tr>
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<table>
<thead>
<tr>
<th>Registered address</th>
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<table>
<thead>
<tr>
<th>Main business address</th>
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<table>
<thead>
<tr>
<th>Website</th>
</tr>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Main telephone number</th>
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</table>
Section 2

Organisation type

Please select the option that most closely reflects your organisation type.

You are:

☐ An incorporated company quoted on a recognised stock exchange (excluding AIM).
   Registered company number ________________
   Please provide your FCA/PRA reference (if applicable)
   ________________
   If you are regulated by the FCA or PRA  Skip to section 5
   If you are not regulated by the FCA or PRA  Go to section 3

☐ An incorporated company not quoted on a recognised stock exchange (or you are quoted on AIM)
   Registered company number ________________
   Please provide your FCA/PRA reference (if applicable)
   ________________
   If you are regulated by the FCA or PRA  Skip to section 5
   If you are not regulated by the FCA or PRA  Go to section 3

☐ A Limited Liability Partnership (LLP)
   Registered company number ________________
   Please provide your FCA/PRA reference (if applicable)
   ________________
   If you are regulated by the FCA or PRA  Skip to section 5
   If you are not regulated by the FCA or PRA  Go to section 3

☐ A charity registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI)
   Registration number ________________
   Please submit a copy of your current trust deed with this form

☐ A trust not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI)
   Please submit the following documents with this form:
   - A certified copy* of your current trust deed
   - Your latest annual report and accounts (or equivalent information produced for taxation purposes)

☐ A partnership (not LLP) or unincorporated organisation not listed above
   Please submit the following documents with this form:
   - If you are a partnership, a certified copy* of the partnership deed
   - Evidence of the registered address or main business address, as specified on page 1**
   - Latest annual report and accounts (or equivalent information produced for taxation purposes)

Where you are requested to provide further documentation, please submit in hard copy alongside this form.

FCA (Financial Conduct Authority) and PRA (Prudential Regulation Authority) are the organisations who have taken on the FSA’s (Financial Services Authority) regulatory responsibilities as of 1 April 2013. Your previous FSA reference is the same as your FCA/PRA reference.

*Certified copy
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) e.g. 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

**Evidence of address
Evidence of your address must be either:

- headed paper signed by an authorised signatory specified in section 7 of this form
- an original (or certified copy of) a utility bill in the name of your organisation at the appropriate address dated within the last three months


Section 3

**Key people**

Please use the boxes below and overleaf to identify the key people involved in your organisation.

<table>
<thead>
<tr>
<th>If you are:</th>
<th>Then go to section 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>An incorporated company not quoted on a recognised stock exchange and not regulated by the FCA/PRA (or you are quoted on AIM), please provide full details of all beneficial owners, if any</td>
<td>Then skip to section 5</td>
</tr>
<tr>
<td>A Limited Liability Partnership not regulated by the FCA/PRA, please provide full details of all beneficial owners, if any</td>
<td>Then skip to section 5</td>
</tr>
<tr>
<td>A registered charity, please provide details of all trustees (including address and date of birth for at least two)</td>
<td>Then skip to section 5</td>
</tr>
<tr>
<td>A trust not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI), please provide details of:</td>
<td>Then go to section 4</td>
</tr>
<tr>
<td>- All trustees (including address and date of birth for at least five. If there are fewer than five in total, please provide address and date of birth for all)</td>
<td></td>
</tr>
<tr>
<td>- All beneficial owners, if any (address and date of birth required for all)</td>
<td></td>
</tr>
<tr>
<td>- Any founders, protectors or settlors (address and date of birth required for all)</td>
<td></td>
</tr>
<tr>
<td>A partnership (not LLP) or unincorporated organisation, please provide details of:</td>
<td>Then go to section 4</td>
</tr>
<tr>
<td>- All controllers (including address and date of birth for at least five. If there are fewer than five in total, please provide address and date of birth for all)</td>
<td></td>
</tr>
<tr>
<td>- All beneficial owners, if any (address and date of birth required for all)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>This individual is a (please tick all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Beneficial owner [ ] Trustee [ ] Founder/protector/settlor [ ] Controller</td>
<td></td>
</tr>
<tr>
<td>[ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Full name</th>
<th>Home address</th>
<th>Postcode</th>
<th>Telephone</th>
<th>Date of birth</th>
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<tr>
<th>This individual is a (please tick all that apply)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ] Beneficial owner [ ] Trustee [ ] Founder/protector/settlor [ ] Controller</td>
<td></td>
</tr>
<tr>
<td>[ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other</td>
<td></td>
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</tbody>
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<th>Home address</th>
<th>Postcode</th>
<th>Telephone</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

*Beneficial owners*

A beneficial owner is an individual who ultimately owns or controls 25% or more of the organisation in relation to its share capital, profits, voting rights or trust. Where the beneficial owner is an organisation, please provide details of that organisation’s beneficial owners (individuals).

*Founders, protectors and settlors*

Details of any founders, protectors or settlors can be found in your trust deed. If the individual(s) are deceased, you may provide their date of death (instead of date of birth) in the field marked ‘date of birth’.

*Controllers*

A controller is a Chief Executive, Managing Director or Partner.
If you need to list more individuals, please continue on a separate sheet, providing details for all of the relevant fields. Please attach the sheet(s) to this form when you come to submit.

<table>
<thead>
<tr>
<th>This individual is a (please tick all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Beneficial owner ☐ Trustee ☐ Founder/protector/settlor ☐ Controller</td>
</tr>
<tr>
<td>☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Full name</th>
<th>Full name</th>
<th>Full name</th>
<th>Full name</th>
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</thead>
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<table>
<thead>
<tr>
<th>Home address</th>
<th>Home address</th>
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<th>Home address</th>
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<table>
<thead>
<tr>
<th>Postcode</th>
<th>Postcode</th>
<th>Postcode</th>
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<tr>
<th>Telephone</th>
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<tr>
<th>Date of birth</th>
<th>Date of birth</th>
<th>Date of birth</th>
<th>Date of birth</th>
</tr>
</thead>
</table>
Section 4

Organisation objectives and beneficiaries

Please complete the following information to help us understand the purpose of your organisation and its work.

- If you are a trust not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI):
  Please identify the purpose for which your organisation was set up:

- Please outline the main beneficiaries of your charitable activity:

- If you are a partnership (not LLP), or an unincorporated organisation, please provide details of the nature of your business (eg, your objectives and activities):

Section 5

Contacting you

Please provide details of the person we should contact if we have queries about the content of this form

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full name

Job title

Work email address

Work telephone number
# Section 6

## Users

Please list all individuals who you authorise to sign CAF documentation on behalf of your organisation e.g. to set up new CAF Services, authorise Giving Requests and add and/or remove contacts relating to CAF Services.

### Contact details

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other</th>
</tr>
</thead>
</table>

Full forename(s)  
Surname  

☐ Contact details as previously provided on this form  
If not previously provided please complete details below:

| Job title |
|
| Work address | ☐ Same as the organisation’s registered address  
☐ Same as the organisation’s main business address  
Other (please specify)  
Postcode |

<table>
<thead>
<tr>
<th>Work email address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work telephone number</th>
</tr>
</thead>
</table>

### Identification details

In order for CAF to comply with UK anti-money laundering regulations, we are required to complete checks on your organisation and on individuals that are involved in using the Services before this application can be accepted.

Wherever possible these checks are performed electronically. In certain circumstances, however, it may be necessary to request additional identification documentation to satisfy our requirements under the regulations.

Please provide a sample signature which will be used to verify CAF vouchers, standing orders and other account requests. For this reason, please ensure all signatories sign clearly, using the same format of signature as they will on all future CAF Company Account requests.

<table>
<thead>
<tr>
<th>Sample signature</th>
<th>Date dd/mm/yyyy</th>
</tr>
</thead>
</table>

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Identification details  
In order for CAF to comply with UK anti-money laundering regulations, we are required to complete checks on your organisation and on individuals that are involved in using the Services before this application can be accepted.

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:

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Home address</th>
<th>Postcode</th>
</tr>
</thead>
</table>

If you have lived at your home address for less than three years please supply your previous address details on a separate sheet.
Contact details 2

Mr  Mrs  Miss  Ms  Other

Full forename(s)

Surname

Contact details as previously provided on this form

If not previously provided please complete details below:

Job title

Work address

Same as the organisation’s registered address

Same as the organisation’s main business address

Other (please specify)

Postcode

Work email address

Work telephone number

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 supply your previous address details on a separate sheet.

Sample signature  Date  d d / m m / y y y y
Section 7
Certification

Please tick and certify each of the statements below.

By signing this registration form, we confirm that:

- [ ] our organisation has not been and is not in the process of being wound up or dissolved (or equivalent)
- [ ] 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 persons detailed on this form have authorised the disclosure of their personal details to CAF
- [ ] the information given in this form is accurate
- [ ] we are responsible for updating CAF if contact details or access privileges change (including if an individual is no longer employed by our organisation)

If it's 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) e.g. 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 sheet.

Once you have completed all relevant sections of this form, please attach any documents that have been requested and return to:

Customer Services
Charities Aid Foundation
25 Kings Hill Avenue
Kings Hill
West Malling
Kent ME19 4TA

Registered charity number 268369