



## Section 2

### Organisation type

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

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](http://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

You are:

- An incorporated company quoted on a recognised stock exchange (excluding AIM).  
Registered company number   
Please provide your FCA/PRA reference (if applicable)  
 Skip to section 5
- 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)

## Section 3

### Key people

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

#### 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 are:

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 Then skip to section 5

A **Limited Liability Partnership** not regulated by the FCA/PRA, please provide full details of all beneficial owners, if any Then skip to section 5

A **registered charity**, please provide details of all trustees (including address and date of birth for at least two) Then skip to section 5

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:

- 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)
- All beneficial owners, if any (address and date of birth required for all)
- Any founders, protectors or settlors (address and date of birth required for all)

Then go to section 4

A **partnership (not LLP) or unincorporated organisation**, please provide details of:

- All controllers (including address and date of birth for at least five. If there are fewer than five in total, then please provide address and date of birth for all)
- All beneficial owners, if any (address and date of birth required for all)

Then go to section 4

This individual is a (please tick all that apply)

Beneficial owner  Trustee  Founder/protector/settlor  Controller

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_

This individual is a (please tick all that apply)

Beneficial owner  Trustee  Founder/protector/settlor  Controller

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_

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.

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

## 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):


#### Main beneficiaries

Beneficiaries could be people, groups of people or organisations that your organisation is set up to help. This may be found in your governing document.

## 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 

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## Section 7 Certification

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

- Company: **Director**
- An existing user authorised as a Service Administrator
- Charity
- LLP or other partnership: **Partner**
- Trust: **Trustee\***
- Other non-incorporated organisation: **Chief Executive or equivalent\***

If its 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](http://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.

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)

Registered charity number 268369

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)
- Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Job title

Authorised signatory

Date dd/mm/yyyy

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