

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

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 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 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

Section 2

Users

Guidance notes

Levels of access

You must have at least one user authorised at level two, three and/or four

Level 1 Information Authorised to:

request information, eg, balance, contacts, payments in and donations out but cannot make changes to or make Giving Requests from this account.

Level 2 Signatory Authorised to:

- make Giving Requests
- request information on this account.

Level 3 Contact Administrator

Authorised to:

- add and/or remove contacts
- make Giving Requests
- request information, on this account.

Level 4 Service Administrator

Authorised to:

- set up new CAF services and products and other CAF services on behalf of the Customer
- add and/or remove contacts
- make Giving Requests
- request information, on this account.

Online access

Users authorised at level two, three or four can apply for online access at www.cafonline.org/register

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 the 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 requests from this account.

Please list all individuals who you authorise to use this account and indicate the level of access they may have by ticking the relevant box. Please continue on a separate sheet if you wish to add more individuals.

Contact details

Level 1 – Information
 Level 2 – Signatory
 Level 3 – Contact Administrator
 Level 4 – Service Administrator

Mr Mrs Miss Ms Other

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.

Date / /

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

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

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 or in the case of a Company or Trust with a Secretary, the Secretary can certify the authority as a true extract for example.

*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

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

Please forward the completed Form(s) to:
Customer Services, Charities Aid Foundation,
25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA