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.

**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.

- [ ] To add a new contact/user
- [ ] To amend an existing contact/user

**Account information**

- Account name: ____________________________
- Account number: ____________________________

Please indicate why you are using this form:

- Please tick if you would like a CAF Voucher Book.
**Statement contact**
This individual will receive paper statements for this account.

- 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
  - Work telephone number
  - Work email address

- □ This individual will receive paper statements for this account.
## Guidance notes

### Levels of access
You must have at least one user authorised at level two, three and/or four.

<table>
<thead>
<tr>
<th>Level 1 Information</th>
<th>Level 2 – Signatory</th>
<th>Level 3 – Contact Administrator</th>
<th>Level 4 – Service Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised to:</td>
<td>make Giving Requests</td>
<td>request information on this account.</td>
<td>make Giving Requests</td>
</tr>
<tr>
<td></td>
<td>request information on this account.</td>
<td></td>
<td>request information, on this account.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>add and/or remove contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>make Giving Requests</td>
<td>make Giving Requests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>request information, on this account.</td>
<td>request information, on this account.</td>
</tr>
</tbody>
</table>

### 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.

### Contact details

#### Level 1 – Information
- Full forename(s)
- Surname
- Job title

#### Level 2 – Signatory
- Full forename(s)
- Surname
- Job title
- Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other [ ]

#### Level 3 – Contact Administrator
- Full forename(s)
- Surname
- Job title

#### Level 4 – Service Administrator
- 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 |
| 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
- [ ] Sample signature Date d d/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
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 d d / m m / y y y y
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