

CAF GIVE AS YOU EARN[®]

Third Party Notification

This form must be used where you wish to appoint a subsidiary company, payroll processing agent, professional fundraising organisation and/or a technology service provider (including a flexible benefits provider) to manage the instructions for your payroll giving.

If you have any questions when completing this form, please contact a member of CAF Customer Services on 03000 123 000 or giveasyouearn@cafonline.org

CAF Give As You Earn agreement number

If you are submitting this form at the same time as a CAF Give As You Earn application form, please leave this blank.

Organisation name

Please provide full legal name.

Address

Please provide the registered office address or principal place of business.

Effective date of appointment

Please note that this date must be not less than 10 days after the date on which this form is received by CAF.

Organisation details

CAF Give As You Earn agreement number	<input type="text"/>
Organisation name	<input type="text"/>
Contact details	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Job title	<input type="text"/>
Work email address	<input type="text"/>
Work telephone number	<input type="text"/>

Appointment

We, the above-named CAF Give As You Earn Customer, hereby notify you that we have appointed the following as our third party (please tick):

- Subsidiary company/branch
- Payroll bureau processing agent
- Professional fundraising organisation
- Technology service provider relating to payroll/employee giving (including a flexible benefits provider)

Third Party details

Organisation name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Registered company number	<input type="text"/>
Main contact name	<input type="text"/>
	<input type="text"/>
Email address	<input type="text"/>
	<input type="text"/>
Telephone number	<input type="text"/>
Effective date of appointment	<input type="text" value="d d m m y y y y"/>

