



# CAF GIVE AS YOU EARN<sup>®</sup>

APPLICATION PACK

**CAF** | Charities Aid  
Foundation

# APPLICATION FORM

Welcome to the UK's largest Payroll Giving scheme – CAF “Give As You Earn”, we're delighted you've decided to work with us to manage your scheme. Please complete and sign this application form to get started. If you have any queries related to your application please refer to our FAQs [here](#) or call us on 03000 123 000.

This form will allow you to register up to two payrolls – if you wish to add additional payrolls, please request an Additional Payroll Form from [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org)

If any of these details change during the course of your relationship with us, please let us know as soon as possible so we can ensure our records are up to date. You can update your details by requesting a Change Form from [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org).

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## SECTION 1

### ORGANISATION DETAILS

Where we refer to ‘the Account Holder’, this should be the name and registration number of the entity which officially employs your employees. Please provide the registered company number if you are registered on Companies House. If you are a charity, please provide the number registered with the Charity Commission, the Office of the Scottish Charity Regulator or the Charity Commission for Northern Ireland.

#### ORGANISATION DETAILS ('THE ACCOUNT HOLDER')

Organisation name

Please complete one of the following as most appropriate:

Registered company number

Registered charity number

FCA registration number

Other (please specify)

Registered address

Postcode

Website

Main telephone

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## SECTION 2

### AUTHORISED SIGNATORIES

Please use this section to detail who at your organisation will be involved in the scheme and what level of access they should have. We recommend having at least two people registered as either a Contact or Service Administrator to allow for full functionality.

- The Contact Administrator is authorised to add/remove additional contacts as well as receive employee level data about your scheme.
- The Service Administrator has highest level access and is also able to set up new CAF services and products on behalf of the Customer.

#### AUTHORISED SIGNATORY 1

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

Contact Administrator       Service Administrator

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

## AUTHORISED SIGNATORY 2

Contact Administrator       Service Administrator

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

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## SECTION 3

### WORKING WITH THIRD PARTIES

Many of our clients choose to work with third parties in order to help manage their schemes – either to engage employees, integrate into a benefits platform, or process payroll reports and funds. It is essential we are made aware of these relationships and that we have your authorisation so we can share details about your scheme with them. Please see section 10 of our Agreement which relates to working with third parties.

We hereby notify you that we have appointed the following as our third party/parties:

#### THIRD PARTY DETAILS 1

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

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

#### THIRD PARTY DETAILS 2

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

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

### **THIRD PARTY FUNDER DETAILS**

If your employees' donations are sent to us by an entity other than your organisation, please provide their details. You will need to provide the bank account details in Section 4.

Name

Address

Postcode

Website

Registered company number

Contact name

Contact email addresses

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## SECTION 4

### BANK AND PAYROLL DETAILS

We ask for your bank details to help us identify your Employees' Donations when you send them to us. The bank account name sending funds to CAF must match the the same entity being registered and provided in Section 1. If the name does not match, please provide details in Section 3 under Third Party Funder Details.

When listing the bank account name please use the official account name as listed on statements and correspondence from your bank.

#### Your Organisation's bank details (where your Employees' Donations will be transferred from)

Bank account name

Account number

Sort code

- -

Charities can request a breakdown of the donations they receive through CAF Give As You Earn Service, itemised by employer and employee. Please tick the box below if you would prefer your organisation to remain anonymous in such listings.

### YOUR PAYROLLS

This form will allow you to register up to two payrolls – if you wish to add additional payrolls, please request an 'Additional Payroll Form' from [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org).

Please indicate how many Additional Payroll Forms you are submitting at this time

### PAYROLL DETAILS

#### FIRST PAYROLL

CAF Give As You Earn is managed online. Please share the email address of the colleague who will be responsible for submitting payroll reports online and we will get them set up against your contract. If this will be a third party outside of your organisation, please complete Section 3 – Working with Third Parties.

Same as Contact Administrator specified in Section 2

Same as Service Administrator specified in Section 2

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

### **PAYROLL FREQUENCY**

Please indicate the frequency you run your payroll:

Weekly                       Monthly                       Lunar/4 week cycle

Enter the date you wish to start your GAYE scheme

dd/mm/yyyy

### **SECOND PAYROLL**

CAF Give As You Earn is managed online. Please share the email address of the colleague who will be responsible for submitting payroll reports online and we will get them set up against your contract. If this will be a third party outside of your organisation, please complete Section 3 – Working with Third Parties.

Same as Contact Administrator specified in Section 2

Same as Service Administrator specified in Section 2

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

### **PAYROLL FREQUENCY**

Please indicate the frequency you run your payroll:

Weekly                       Monthly                       Lunar/4 week cycle

Enter the date you wish to start your GAYE scheme:

dd/mm/yyyy



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## SECTION 5

### STAFF CHARITY FUND

This is an optional feature of GAYE, you only need to complete this if you wish to open a Staff Charity Fund, otherwise, please go to Section 6.

In addition to individual Employee Donations, Give As You Earn offers the option to set up a group fund to allow you to pool Employees' Donations so employees can make a more substantial donation to a chosen charity, at a chosen time. It is a great way to unite employees and it is often used for disaster relief or to support a charity partner as part of a wider programme.

We deduct a flat percentage charge from donations into the Staff Charity Fund. Details of the fee can be found at the end of this form.

#### Administrator's details (only complete if different from details provided in Section 2)

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as the organisation's registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

#### FUND NAME

Please indicate if you would like the account name to be

The same as the organisation name specified in Section 1

Different from your organisation name – please specify

Do you intend to deposit funds into your Staff Charity Fund

monthly or more frequently

annually

a few times a year

less than once a year

How many employees do you anticipate donating into the SCF?

How much do you anticipate being donated into the SCF?

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## SECTION 6

### STANDARD MATCHING

This is an optional feature of GAYE, you only need to complete this if you wish to match Employee Donations, otherwise, please go to Section 7.

Matching payroll giving is a great way to engage employees in the scheme and show them you care.

Please indicate the levels you would like to match below. That level and any limits will be applied across all participating employees.

Match Employee GAYE Donations at \_\_\_\_\_ %

Match Staff Charity Fund at \_\_\_\_\_ %

Please indicate if you would like to set upper or lower limits on Standard Matching by completing the appropriate section below. Please note these will be applied per pay period. Both maximum and minimum limits can be combined, e.g.: donations can be matched at 50% up to £50 per employee per pay period if they make a donation of at least £10.

Maximum match per employee per pay period \_\_\_\_\_ £

Minimum Employee Donation that you will match per Employee per pay period £

No Standard Matching limits

### FUNDING YOUR STANDARD MATCHING

Please indicate how you wish to pay your matching funds:

We will send Standard Matching funds with the Give As You Earn Employee Donations each pay period

We would like Standard Matching funds to be taken from an existing CAF Company Account.

Please specify account number

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## SECTION 7

### PAYING CHARGES

CAF is a charity and charges to manage the scheme. Details of these charges are available at the end of this form. The default is that charges are deducted from Employee Donations, however if you would like to cover these charges so charities receive the full amount as instructed by your employees, we can invoice you quarterly.

Please choose one of the 3 options:

1.  Pay all charges
2.  Pay all charges with a cap of £10 per Employee Donation per pay period. Any outstanding fees will be taken from the relevant Employee Donation
3.  Charges to be taken from Employee Donations.

If you have opted to pay any part of the fees (options 1 or 2 above), please indicate how you would like to make the payment:

Charges should be taken from an existing CAF Company Account

Please specify account number

You wish to be invoiced quarterly

If you have indicated that you would like us to invoice you, please specify an invoice contact below:

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Work address  Same as organisations registered address specified in Section 1

Other (please specify)

Postcode

Work email

Work telephone

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## SECTION 8

# AUTHORISATION

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

- An existing user authorised as a Service Administrator
- Company: Director (as registered on Companies' House)
- LLP or other partnership: **Partner**
- Charity/Trust: Trustee
- Other non-incorporated organisation: **Chief Executive or equivalent**

**Incorrectly signed forms will be rejected.**

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 form.

By signing the application form, we, the Account Holder, confirm that:

- we agree to the **CAF Give As You Earn Terms and Conditions** and **Schedule of Charges**
- where applicable, we agree to the **CAF Staff Charity Fund Terms and Conditions** and **Schedule of Charges**
- if there was anything that we did not fully understand, we have sought professional advice and guidance
- the individuals detailed in the Authorised Signatories section of this form are authorised to act as signatories
- we have full capacity and authority to enter into and perform this contract and the person signing this form on our behalf is authorised to do so
- the information given on this form is accurate and true, to the signatories best knowledge
- we are responsible for updating CAF if the contact details, access privileges or third parties change (including if an Authorised Contact is no longer employed by the us, the Account Holder)

Signed on behalf of the Account Holder:

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Forename(s)

Surname

Job title

Date of birth

Home address

Postcode

Authorised signatory

Date dd/mm/yyyy

We request home address and date of birth in order to complete screening checks on individuals involved in the scheme.

We are required to do this in order to comply with all applicable Financial Crime prevention legislation and regulations.

Forms that do not include this information will be rejected.

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## COMMUNICATIONS

As well as contacting you about this product or service, we would like to send your authorised contacts information about other related products and services from the CAF Group that we believe will be of interest to you. If you DO NOT want to receive this information by the following methods, please tick all that apply:

Email       Phone

Please note: if you tick a box, we will not be able to tell you about these products and services in this way.

For information about how CAF handles your information see our **Privacy Notice**. CAF and the companies in which it has a majority stake, or their subsidiaries (defined here as the CAF Group) will not share your information with any outside organisation except as part of providing a product/service or when legally obliged to do so.

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## NEXT STEPS

Once completed and signed, please return the form by email to [giveasyouearn@cafonline.org](mailto:giveasyouearn@cafonline.org). Please keep a copy for your future reference.

### **Incorrectly signed forms will be rejected.**

CAF will notify you once all customer due diligence checks have been completed, and confirm that your application has been accepted. If we do require any further information to complete checks, we will reach out to you to proceed. No binding agreement shall exist until CAF sends the Customer email confirmation of the acceptance of the application

**CAF are unable to receive donations that have been deducted prior to the contract being in place.**



Registered charity number 268369