



# CAF Charity Account

*APPLICATION FORM*

**CAF**  
Charities Aid Foundation

# CAF Charity Account

## Application form

### Before you start

By completing this Form you are giving CAF permission to contact you about this product. Please complete this form in BLOCK CAPITALS.

#### Data Protection and Privacy

We take data protection and privacy very seriously. Our Privacy Notice at [www.cafonline.org/privacy](http://www.cafonline.org/privacy) governs the way in which we collect, retain and use personal data. We shall ensure that we only hold personal data for as long as it is needed and that it is held securely.

### Section 1

## Your details, the Account Holder

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Full forename(s)

Surname

Date of birth dd/mm/yyyy

Home address

Postcode

Occupation / Previous Occupation (if retired)

Source of Wealth (in relation to your contributions)

Over what time period do you propose to contribute into your account

Nationality

Home telephone number

Mobile

Email address

#### Guidance Notes:

If you have any questions when completing this Form, contact a member of our Customer Service team on 03000 123 000 or email [charityaccounts@cafonline.org](mailto:charityaccounts@cafonline.org)

Telephone calls may be monitored/recorded for training/security purposes.

#### How we handle your data

We are required to complete identity checks on individuals using and/or operating a CAF Charity Account so that we can meet our requirements to know our customer and those using the product under antimoney laundering regulations. These checks are performed electronically, however it may be necessary to request additional documents.

CAF do not offer joint CAF Charity Accounts. Whilst only you, the Account Holder, can fund a CAF Charity Account, you can add an Additional Signatory who will also be able to make requests for charitable distributions from your CAF Charity Account to charitable causes by completing a Giving Request.

If you have lived at your home address for less than three years please supply your previous addresses for the last three years where prompted.

Please use a separate sheet for previous addresses and attach to your Application Form.

## Section 2

# Additional Signatory

I wish the person below to be added as an Additional Signatory on my CAF Charity Account:

Title  Mr  Mrs  Miss  Ms  Other (please specify)

Full forename(s)

Surname

Date of birth dd/mm/yyyy

Home address

Postcode

Occupation / Previous Occupation (if retired)

Source of Wealth (in relation to your contributions)

Over what time period do you propose to contribute into your account

Nationality

Home telephone number

Mobile

Email address

### Additional Signatory authorisation

I hereby confirm:

my willingness to undertake the role of Additional Signatory to this CAF Charity Account

I have read the [CAF Charity Account Terms and Conditions](#) and agree to the terms set out therein

Additional Signatory's Signature

Date dd/mm/yyyy

### Additional Signatory

If you wish to add an Additional Signatory who is authorised to make distributions from the Charity Account, please complete the required information, otherwise please leave blank and continue at section 3.

Please refer to the information titled 'How we handle your data' on page 1 of this Form.

If the Additional Signatory has moved within the last three years, please use a separate sheet for previous addresses and attach to your Application Form.

**This Form will not be processed if you do not tick the boxes to the left.**

**CAF Charity Account Terms and Conditions**

CAF Charity Account Terms and Conditions can be found at [cafonline.org/caf-charity-account-supporting-documents](https://cafonline.org/caf-charity-account-supporting-documents)

## Section 3

# Opening my CAF Charity Account

### Funding my Charity Account

I would like to fund my Charity Account by:

**Direct Debit**

I wish to fund my Charity Account on a regular basis

with £

Frequency:  monthly  quarterly  half yearly  annually

Starting from

until   OR further notice

Please complete the Direct Debit mandate provided.

**One-off payment**

Credit/debit card

I would like to fund my Charity Account with a one-off payment with debit or credit card. Please contact me by telephone so I can make a payment securely.

**Other**

Please contact me with more information regarding the following methods:

I am interested in funding my charity account with CAF Give as you earn/payroll giving scheme.

Call us on 03000 123 000 for more information on either of these methods.

### Managing my Charity Account

I would like to complete a Letter of Wishes

I would like to receive a CAF Charity Voucher Book:

Account holder name to appear

The words 'an anonymous account holder' to appear

My CAF Charity Vouchers to remain blank

Please include my address on my CAF Charity Vouchers. I understand this will be seen and potentially used by the charitable causes I support using it.

### Gift Aid declaration

Please Gift Aid any donations I make now and in the future.

Please Gift Aid any donations I have made in the last four years.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid being claimed on all my donations in that tax year, it is my responsibility to pay any difference.

### Funding my CAF Charity Account

To open a CAF Charity Account, fund your Charity Account with a monthly contribution of at least £10 or a one-off payment of £100 and start giving right away.

### One-off payments

If credit/debit card is your payment choice, we will contact you by telephone between 9.30am -5.30pm to make your secure payment.

**Please note:** Once a payment is paid into your CAF Charity Account, it has crossed the charitable threshold and we are unable to make any refunds of remaining balances. However you still decide which charities the money goes to.

### What information would you like to give on your CAF Charity Voucher Book

All information selected to appear on your CAF Charity Vouchers will be seen by the charitable cause you choose to support.

### Gift Aid declaration

To reclaim Gift Aid, you, the Account Holder, must be the account holder for the method of payment used to fund your CAF Charity Account.

Please tick all boxes that apply.

Please notify us if you want to cancel this declaration, change your name or home address or if you no longer pay sufficient tax on your income or capital gains.

## Section 4 Authorisation

### Funding my Charity Account

I hereby confirm:

I have read the [CAF Charity Account Terms and Conditions](#) and agree to the terms set out therein

Account holder's signature

Date      dd/mm/yyyy

### Keeping you informed

As well as contacting you about this product or service, we would like to send you information about other related products and services from the CAF Group that we believe will be of interest to you.

I **DO NOT** want to receive this information by [tick all that apply]:

Email       Phone       Post

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](#)

[\[www.cafonline.org/privacy\]](http://www.cafonline.org/privacy).

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.

We are unable to process your contributions if you do not tick the boxes to the left.

Please return this completed form to us along with your:

Direct Debit mandate if you are funding your account with either of these methods.

### Keeping you informed

If you have any questions about how your data is handled please write to:

The Data Protection Officer  
Charities Aid Foundation, 25 Kings Hill Avenue, Kings Hill, West Malling Kent ME19 4TA, giving your details and instructions.





Registered charity number 268369