

# CAF SERVICES FOR COMPANIES

## Organisation registration form

If you have any questions when completing this form, please contact a member of our Customer Service team on 03000 123 000 or company accounts@cafonline.org

In order to comply with UK anti money-laundering regulations, we are required to complete checks on your organisation and on individuals involved in operating the services before your 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.

If this is the first time you are completing this form, please fill in all sections. If you are using this form to amend information previously submitted to CAF, please complete sections 1 and 6 and update the relevant fields in sections 2 to 5.

### Section 1 *About your organisation*

Please provide us with some information to help identify your organisation

**Registered address**  
This is the address you have officially registered with Companies House or a regulatory body.

**Main business address**  
This is your main address that we should use for correspondence.

**Website**  
This is your main corporate website.

Organisation name

Registered address

  
  

Postcode

Main business address (if different from registered address)

  
  

Postcode

Website

Main telephone number

Geographic areas in which your organisation operates:

UK only

OR  UK and internationally (please specify regions below)

Africa

Australia and New Zealand

East Asia and Pacific

Eastern Europe and Central Asia

Latin America and Caribbean

Middle East and North Africa

South Asia

US and Canada

Western Europe

## Section 2

### Organisation type

Please select the option that most closely reflects your organisation type.

Where you are requested to provide further documentation, please submit in hard copy alongside this form.

#### \*Certified copy

A certified copy of a document is one which has been certified on every page as a true copy of the original by a suitable certifier and contains the following:

- the name, signature, position and regulatory number 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

Suitable certifiers are either:

- a notary, solicitor or barrister
- an approved person regulated in the United Kingdom under section 31 of the Financial Services and Markets Act 2000
- an authorised representative of an embassy or consulate of the country that issued the identification documentation

#### \*\*Evidence of address

Evidence of your address must be either:

- headed paper signed by an authorised signatory specified in section 5 of this form
- a utility bill in the name of your organisation at the appropriate address dated within the last three months

You are:

- An incorporated company quoted on a recognised stock exchange (excluding AIM).

Registered company number

Please indicate your regulator (if applicable)  FSA (or overseas equivalent)

OFGEM

OFWAT

OFCOM

Skip to section 5

- An incorporated company not quoted on a recognised stock exchange (or you are quoted on AIM)

Registered company number

Please indicate your regulator (if applicable)  FSA (or overseas equivalent)

OFGEM

OFWAT

OFCOM

If you are regulated by one of the listed bodies Skip to section 5

If you are not regulated by one of the listed bodies Go to section 3

- A Limited Liability Partnership (LLP)

Please indicate your regulator (if applicable)  FSA (or overseas equivalent)

OFGEM

OFWAT

OFCOM

If you are regulated by one of the listed bodies Skip to section 5

If you are not regulated by one of the listed bodies Go to section 3

- A charity registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI)

Registration number

Please submit a copy of your current trust deed with this form

- A trust not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI)

Please submit the following documents with this form:

- A certified copy\* of your current trust deed
- Your latest annual report and accounts (or equivalent information produced for taxation purposes)

- A partnership (not LLP) or unincorporated organisation not listed above

Please submit the following documents with this form:

- If you are a partnership, a certified copy\* of the partnership deed
- Evidence of the registered address\*\* or main business address, as specified on page 1
- Latest annual report and accounts (or equivalent information produced for taxation purposes)

## Section 3

### Key people

Please use the boxes below and overleaf to identify the key people involved in your organisation.

#### Beneficial owners

A beneficial owner is an individual who ultimately owns or controls 25% or more of the organisation in relation to share of the capital, profits or voting rights. Where the beneficial owner is an organisation, please provide details of that organisation's beneficial owners (individuals).

If you are a trust a beneficial owner is also an individual who ultimately owns or controls 25% or more of the organisation in relation to capital of the trust property or who operates or has control over a trust, meaning having the power to do any of the following:

- dispose of, advance, lend, invest, pay or apply trust property
- vary the trust
- add or remove persons as a beneficiary or to or from a class of beneficiaries
- appoint or remove trustees
- direct, withhold consent to or veto the exercise of any of the above powers

#### Founders, protectors and settlors

Details of any founders, protectors or settlors can be found in your trust deed. If the individual(s) are deceased, you may provide their date of death (instead of date of birth) in the field marked 'date of birth'

#### Controllers

A controller is a Chief Executive, Managing Director, Partner or any individual with an interest of 10% or more in your organisation. Where the controller is an organisation, please provide details of that organisation's controllers (individuals).

If you are:

An **incorporated company not quoted** on a recognised stock exchange (or you are quoted on AIM), please provide full details of all beneficial owners, if any **Then skip to section 5**

A **Limited Liability Partnership**, please provide full details of all beneficial owners, if any **Then skip to section 5**

A **registered charity**, please provide details of all trustees (including address and date of birth for at least two) **Then skip to section 5**

A **trust not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI)**, please provide details of:

- All trustees (including address and date of birth for at least five. If there are fewer than five in total, please provide address and date of birth for all)
- All beneficial owners, if any (address and date of birth required for all)
- Any founders, protectors or settlors (address and date of birth required for all)

**Then go to section 4**

A **partnership (not LLP) or unincorporated organisation**, please provide details of:

- All controllers (including address and date of birth for at least five. If there are fewer than five in total, then please provide address and date of birth for all)
- All beneficial owners, if any (address and date of birth required for all)

**Then go to section 4**

This individual is a (please tick all that apply)

Beneficial owner  Trustee  Founder/protector/settlor  Controller

Mr  Mrs  Miss  Other

Full name

Home address

Postcode

Telephone

Date of birth

This individual is a (please tick all that apply)

Beneficial owner  Trustee  Founder/protector/settlor  Controller

Mr  Mrs  Miss  Other

Full name

Home address

Postcode

Telephone

Date of birth

If you need to list more individuals, please continue on a separate sheet, providing details for all of the relevant fields. Please attach the sheet to this form when you come to submit.

This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Other   \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

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This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Other   \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

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This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Other   \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

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This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Other   \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

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This individual is a (please tick all that apply)

Beneficial owner    Trustee    Founder/protector/settlor    Controller

Mr    Mrs    Miss    Other   \_\_\_\_\_

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

## Section 4

### *Organisation objectives and beneficiaries*

Please complete the following information to help us understand the purpose of your organisation and its work.

#### Main beneficiaries

Beneficiaries could be people, groups of people or organisations that your organisation is set up to help. This may be found in your governing document.

- If you are a **trust** not registered with the Charity Commission, the Office of the Scottish Charity Regulator (OSCR) or the Charity Commission for Northern Ireland (CCNI): Please identify the purpose for which your organisation was set up:

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Please outline the main beneficiaries of your charitable activity:

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- If you are a **partnership (not LLP)**, or an **unincorporated organisation**, please provide details of the nature of your business (eg, your objectives and activities):

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## Section 5

### *Contacting you*

Please provide details of the person we should contact if we have queries about the content of this form

Title  Mr  Mrs  Miss  Other

Full name

Job title

Work email address

Work telephone number

#### Keeping you informed – data protection

Alternatively, write to:  
The Data Protection Officer,  
CAF, 25 Kings Hill Avenue,  
Kings Hill, West Malling, Kent  
ME19 4TA giving your details  
and instructions.

#### Keeping you informed – data protection

We would like to tell you by letter, phone or email about additional products and benefits from the CAF Group that CAF believes will be of interest to you. If you would prefer not to be contacted, please tick the appropriate boxes. Please note that ticking a box means that we will not be able to tell you about these additional benefits.

CAF and the companies in which it has a majority stake (the 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.

I do not wish to receive details of:  other products and services from the CAF Group  
 forthcoming events from the CAF Group

I have read and accept the terms of the data protection statement above

## Section 6 Certification

The form must be signed by any two of the following people:

Company: **Director**

LLP or other partnership: **Partner**

Charity/Trust: **Trustee**

Other non-incorporated organisation: **Chief Executive or equivalent** (one signatory is sufficient in this instance)

If the form is signed by someone other than the authorised signatory specified above, please enclose evidence of their authority to sign on behalf of your organisation. This should be either an original document or a certified copy of the original.

A certified copy of a document is one which has been certified on every page as a true copy of the original by a suitable certifier and contains the following:

- the name, signature, position and regulatory number 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

Suitable certifiers are either:

- a notary, solicitor or barrister
- an approved person regulated in the United Kingdom under section 31 of the Financial Services and Markets Act 2000
- an authorised representative of an embassy or consulate of the country that issued the identification documentation

By signing this registration form, you confirm that:

- your organisation has not been and is not in the process of being wound up or dissolved (or equivalent)
- if there was anything that you did not fully understand, you have sought professional advice and guidance before sending this completed form to CAF
- the persons detailed on this form have authorised the disclosure of their personal details to CAF
- the information given in this application is accurate

Full name

Job title

Authorised signature

Date dd/mm/yyyy

Full name

Job title

Authorised signature

Date dd/mm/yyyy

Once you have completed all relevant sections of the form, please attach any documents that have been requested and return to:

Customer Services  
Charities Aid Foundation  
25 Kings Hill Avenue  
Kings Hill  
West Malling  
Kent ME19 4TA