# Client Take on and Account Application Form COIF Charity Funds Important information – Please read before completing this form



This document must be read and completed in conjunction with the relevant COIF Charity Funds Scheme Particulars. Copies are available on our website, www.ccla.co.uk by email to clientservices@ccla.co.uk or by calling us on free phone 0800 022 3505.

Please note that telephone lines are recorded.

This form should be completed in full in BLOCK CAPITALS using black ink

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	nis form should be returned to CCLA, Senator Hou I the required documents are enclosed as failure to			
The space pro	ovided in section 8 should be used to add more info	ormation	on on any section.	
Please call or	ur Client ServicesTeam on free phone 0800 022	3505 if y	you require any help with the form.	
Section 1	About your Charity			
Date (dd/mm/	уууу)			
1.1 Charity nam	ne			
1.2 Is your cha (OSCR)?	rity registered with the Charity Commission for Eng	land & W	Wales or the Office of the Scottish Charity Regulat	or
Yes	Please go to 1.3	No	Please go to 1.4	
<b>1.3</b> Charity's r	registration number			
	Please go	to 1.5		
1.4 HM Reven	ue & Customs reference number confirming charita	ble statu	tus	
	ve to complete this section if you have provided a C			
Note: corresp	oondence from HMRC showing your charity's r	ame or	or Parish, address and HMRC reference	
number mus	t be supplied in order to confirm charitable stat	us.		
1.5 Does your	charity have an office address?			
Yes	Please go to 1.6	No	Please go to 1.7	
<b>1.6</b> Charity's o	ffice address			

General Email address
I agree to CCLA retaining my email information until I request otherwise, on the understanding that data will only be used according to terms stated on page 20 and will be held securely.
Daytime Telephone number
1.7 Is your charity also registered as a limited company?
Yes Please complete sections 1.8,1.9,1.10 and 1.11 No Please go to 1.17 (If yes – please enclose a copy of Certificate of Incorporation.)
1.8 Company registration number
1.9 Company name (if different from charity name)
1.10 Company's registered address (if different from 1.6)
Postcode
1.11 When does your charity's financial year end? (dd/mm)
Note: Deposit Fund statements are issued quarterly at the end of March, June, September and December.  Statements for the unitised funds and deposit fund certificates of balance are issued half yearly and can be sent to coincide with your year-end.

# Section 2 Authorising Trustees/Executive Directors' Authorisation

This section must be read, completed and signed by a minimum of two Trustees/Executive Directors who have the authority to act on behalf of the Charity. The Trustees signing this section on behalf of a registered charity must be named on the Charity Commission register. Executive Directors, such as CEOs, must be named as Directors on the Companies House register.

#### **Anti-Money Laundering**

We may need to ask you for documentation to assist us in verifying your identity. We must verify your identity in accordance with regulatory requirements. We normally do this using electronic means but occasionally we have to ask for extra documents from you to complete this process.

#### We represent, warrant and undertake that:

- The Charity is eligible to invest in the COIF Charity Funds and indemnifies CCLA against any liabilities arising out of its ineligibility;
- · We have read and understood the contents of the COIF Charity Fund Scheme Particulars for each fund we are going to invest in;
- We are authorised to act on behalf of the Charity;
- The correspondent and authorised signatories are known to us;
- To the best of our knowledge none of our Trustees are Politically Exposed Persons ("an individual who is or has, at any time in the preceding year, been entrusted with prominent public functions, or an immediate family member, or a known close associate, of such a person"). This definition only applies to those holding such a position in a state outside the UK, or in a Community institution or an international body;
- We will notify CCLA of any changes to the authorising Trustees/Executive Directors', correspondent and/or authorised signatories;
- If this form is being authorised by a sole trustee/director (or equivalent), it is understood that this is only permitted where there are no other trustee/executive directors';
- The account(s) will be used to hold only Charitable money; and
- If the investing organisation ceases to be a charity we will inform CCLA immediately and disinvest.
- We understand that in the provision of this service, CCLA are executing the transaction on an execution-only basis and are not providing advice on the merits of the transaction and in relation to which the rules on assessment of appropriateness and suitability do not apply. Consequently investors do not benefit from the protection of the rules on assessing appropriateness and suitability provided within the Regulatory Rules.
- You should consult an intermediary if you require investment advice.

#### We authorise you to:

- Conduct the account(s) as instructed in this application form until you are instructed to the contrary on a mandate form;
- Accept faxed instructions that purport to be properly issued in accordance with this application form. We indemnify you against any costs or loss arising from your acting on such instructions.

#### **Operating Instructions**

Signature

Charity Commission guidance states that accounts should be operated by at least two authorised signatories. We do however understand that this is not always practical for smaller charities. Do you wish for the account to be operated by:

Any two of the authorised signatories

Any one of the authorised signatories

# First Trustee/Executive Director Name Signature Date (dd/mm/yyyy) First Trustee/Executive Director to complete sections 2.1 to 2.5 Second Trustee/Executive Director Name

Date (dd/mm/yyyy)

2.1 First Trustee/Executiv	ve Director
Title	Forename
Middle name	Surname
Date of birth (dd/mm/yyyy)	) Position
Daytime Telephone number	er
Email address	
	my email information until I request otherwise, on the understanding that data will terms stated on page 20 and will be held securely.
Home address	
Postcode	Date moved to this address (dd/mm/yyyy)
If you have lived at this a	address for less than three years please provide details of your previous address below.
Postcode	Date moved to this address (dd/mm/yyyy)
Please provide one or mo	ore of the following for identity checking purposes
Driving Licence number	/Fxample: DII   1853185ΔS9ΔF)

Expiry date (dd/mm/yyyy)

Country Code

Passport number - 2nd line of machine readable zone

e.g. 45101	64327						€	e.g. GB	R		e.g. 6908061	F	e.g. 9406236
< <	< <	< <	<	<	<	<	<	< <	<				
											e.g. 14		
<b>2.2</b> Will yo	ou be the	corres	spond	dent f	for th	is ac	coui	nt? (to	whon	n a	all corresponde	nce will	be sent)
Yes	s Ple	ase go	to 2	.3				No	Ple	eas	se go to 2.4		
<b>2.3</b> If you a	re the co	rrespor	ndent	and \	wish (	corre	espor	ndence	to be	SE	ent to the charity	y's office	address (see section 1.6) tick here
<b>2.4</b> Will yo	ou be an	authori	ised s	signa	tory?	1							
Yes	5	No											
Signature													Date (dd/mm/yyyy)
I confirm th	at to the	best of	my k	nowl	ledge	all o	f the	above	inforn	ma	tion that I have	provided	is correct as at the date of signing.
<b>2.5</b> If you o	do not w	ant to i	receiv	ve inf	forma	ation	on (	CCLA's	other	r p	products and se	ervices, k	by post please tick here
2.6 Secon	d Truste	e/Exec	utive	e Dire	ector								
Title			Fore	enam	е								
Middle nar	me					9	Surna	ame					
Date of bir	th (dd/m	m/yyyy	/)				Posit	tion					
Daytime Te	elephone	numb	er										

I agree to CCLA retaining my email information until I request otherwise, on the understanding that data will only be used according to terms stated on page 20 and will be held securely.

Home address

Email address

Date moved to this address (dd/mm/yyyy)

If you have lived at this address for less	than three years plea	se provide details of	f your previous address below
Postcode	Date moved to this	s address (dd/mm/yy	уу)
Please provide one or more of the fol	lowing for identity ch	necking purposes	
Driving Licence number (Example: DIL	.LI853185AS9AF)		
Passport details Country Code	Expiry date (dd/mm/	уууу)	
Passport number - 2nd line of machine rea	dable zone		
e.g. 4510164327	e.g. GBR	e.g. 6908061F	e.g. 9406236
		e.g. 14	
2.7 Will you be the correspondent for th	is account? (to whom	all correspondence v	will be sent)
Yes Please go to 2.8	No	Please go to 2.9	
2.8 If you are the correspondent and wish	correspondence to be s	ent to the charity's off	ice address (see section 1.6) tick here
2.9 Will you be an authorised signatory?	)		
Yes No			
Signature			Date (dd/mm/yyyy)

I confirm that to the best of my knowledge all of the above information that I have provided is correct as at the date of signing.

2.10 If you do not want to receive information on CCLA's other products and services, by post please tick here

Correspondent (To whom all correspondence will be sent)

Only complete this section	n if the corresponder	nt has not completed Section 2.
<b>3.1</b> Title	Forename	
Middle name	Sur	name
Date of birth (dd/mm/yyyyy	y) Pos	sition
Daytime Telephone numbe	r	
Email address		
		until I request otherwise, on the understanding that data will e 20 and will be held securely.
Home address		
Postcode		
Signature		Date (dd/mm/yyyy)
I confirm that to the best of r	my knowledge all of th	ne above information that I have provided is correct as at the date of signing.
<b>3.2</b> Will you be an authorise	ed signatory?	
Yes No		
3.3 If you wish correspond	ence to be sent to th	e charity's office address (see section 1.6) please tick here <b>3.4</b>
If you do not want to receive	ve information on CC	LA's other products and services, by post please tick here

# **Additional Authorised Signatories**

Please photocopy pages of section 4 if you require more than two additional signatories

4.1 Additional Authorised	l Signatory	
Title	Forename	
Middle name	Surname	
Date of birth (dd/mm/yyyy	y) Position	
House number or name		Postcode
Daytime Telephone numbe	er	
Email address		
	my email information until I request of terms stated on page 20 and will be h	herwise, on the understanding that data will eld securely.
Signature		Date (dd/mm/yyyy)
		on that I have provided is correct as at the date of signing.
<b>4.2</b> If you do not want to re	eceive information on CCLA's other prod	lucts and services, by post please tick here
4.3 Additional Authorised	I Signatory	
Title	Forename	
Middle name	Surname	
Date of birth (dd/mm/yyyy)	Position	
House number or name		Postcode

Daytime Telephone number	
Email address	
I agree to CCLA retaining my email information until I request otherwise, on the ur only be used according to terms stated on page 20 and will be held securely.	nderstanding that data will
Signature	Date (dd/mm/yyyy)
I confirm that to the best of my knowledge all of the above information that I have provide	ed is correct as at the date of signing.

4.4 If you do not want to receive information on CCLA's other products and services, by post please tick here

# Nominated bank details

Important: Payments may only be made to a bank account in the charity's name. Please see Section 7 for the acceptable documents required to verify the bank account.

Bank/Building Society name	
Branch Title	
Account name	
Sort code	Account number
Building society reference (if applicable)	

#### **Email Instructions Authority**

Instructions on a CCLA form, sent by e-mail to us as a PDF, and signed in accordance with the account mandate, can be accepted if we have the relevant email instructions authority.

Please complete this section if you would like us to accept instructions by email.

**Important Information:** A PDF version of a CCLA form attached to your email is your instruction to us and should be sent to correspondence@ccla.co.uk Do not send the original documentation in the post and do not resend the email and/or the attachment as your instruction may be processed again. This mailbox will automatically upload the PDF for processing so any additional information contained in the body of the email will not be seen. If you have any additional information about the instruction please send your email and PDF to clientservices@ccla.co.uk

#### Authority to accept email instructions

In consideration of CCLA agreeing to accept from us, notwithstanding the terms of the relevant mandate, from time to time instructions purporting to come from us in the form of email instructions in relation to our account(s), we confirm and accept that CCLA does not accept responsibility for, and we will not seek to hold CCLA liable for any actions, proceedings, claims, losses, damage, costs and expenses that may be suffered or incurred as a result of CCLA accepting, or acting upon, instructions that CCLA reasonably believes have come from us, or have been given on our behalf. We accept responsibility for any losses or costs that might be incurred as a result of the cancellation of any purchase or sale of units carried out as a result of CCLA accepting, or acting upon, instructions that CCLA reasonably believes have come from us or have been given on our behalf.

Authorisation	
Name	
Signature	
	Date (dd/mm/yyyy)
Name	
Name	
Signature	
	Date (dd/mm/yyyy)

#### **Check list and Documentation required**

#### PLEASETICK TO CONFIRM ALL OF THE DOCUMENTS ARE ENCLOSED:

If you have provided us with bank account details under Section 5, please return the form with one of the following:

- An original Paying in Slip
- An original Cheque marked 'Void'
- A certified copy of a Bank Statement

If you are sending a certified copy of a Bank Statement the certification must be carried out by one of the following listed below:

- Representative of an FCA or EU equivalent regulated firm (e.g. bank manager)
- Solicitor / Accountant / Notary
- Church Minister
- Director of a VAT registered Charity
- Officer of the British Armed Forces
- Government Department Official
- Official of an overseas Embassy, Consulate or High Commission
- Any CCLA Investment Management Limited employee

The professional certifying the bank statement should be a different person to anyone named in the form. They should write 'Certified to be a true copy of the original seen by me' on the document, sign and date it. They should then print their name under the signature, adding their occupation, address and telephone number.

Please attach a copy of minutes of a recent trustee meeting for the purpose of confirming the relationship of the authorising trustee(s) to your Charity. The minutes should not be any older than 12 months and the authorising Trustees/ Directors (or equivalent) as indicated in section 2 should be named in the minutes.

If your organisation is not a church council or the charity is not required to be registered with the Charity Commission, please supply a copy of correspondence from HM Revenue & Customs stating charitable status. The correspondence must show the charity's name, address and the HM Revenue & Customs Reference number. If this is not the case, an explanation must be provided in section 8

If you are a subsidiary charity operating on behalf of a main charity, please attach a letter from the main charity on their letter headed paper authorising use of their registration number.

If your organisation is registered as a company limited by guarantee, please attach a copy of the Certificate of Incorporation.

If your charity is registered with the Charity Commission, the address mentioned on the Charity Commission register must match with at least one of the addresses mentioned in the form. If this is not the case, an explanation must be provided in section 8

If your charity is registered with the Charity Commission for England and Wales the authorising Trustees that have signed in section 2 must appear on the register. If this is not the case, an explanation must be provided in section 8

For the trustees who have authorised this application form and **who reside outside of the United Kingdom**, please attach the following evidence so we may verify your identity:

Certified copy of passport or certified copy of driving licence and

Certified copy of utility bill (not more than three months old)

Certification must be carried out by a representative of an FCA or EU equivalent regulated firm, a solicitor, notary or accountant. A church minister, a director or a VAT registered charity, an officer of the armed forces, government department official of an overseas embassy, consulate or high commission.

The certification must include the words "I certify this as a true copy of the original document" The professional should be a different person to the one named in the application form and should sign, print their name and provide their full address and profession, all in block capitals and in English.

# Additional information and notes

Notes

#### **ACCOUNT OPENING FORM**

Please tick the fund(s) for which you would like to open an account. While CCLA can provide guidance in relation to the transfer of assets from your existing manager(s) it is your responsibility to arrange for your existing manager to transfer assets to CCLA. Please note that CCLA does not accept any responsibility or liability for any loss that may arise as a result of any failure or delay in the transfer of your assets.

#### **COIF Charities Deposit Fund**

Under the EU Money Market Fund Regulation 2017/1131, the COIF Charities Deposit Fund is categorised as a short-term LVNAV Money Market Fund.

Subtitle of account (if required)

#### **MONTHLY INCOME**

Please tick one option

Reinvest income

Pay income to the nominated bank account (in section 5)

All withdrawals will be paid to the nominated bank account.

#### **OPENING TRANSACTION**

Please deposit on our behalf: £

Amount in words

Cheque enclosed payable to COIF Charities Deposit Fund (We cannot accept cheques payable to your charity or CCLA and cheques drawn by a third party.)

OR

Date (dd/mm/yyyy)

#### **COIF Charities Investment Fund**

(The minimum permitted initial investment in the COIF	Charities Investment Fund is £1,000. Thereafter, any
amount may be invested).	

Subtitle of account (if required)		
Please buy:		

Accumulation Units

# **QUARTERLY INCOME (for income units only)**

Please tick one option

Income Units

Pay quarterly income to the COIF Charities Deposit Fund account on page 14

Pay quarterly income to the nominated bank account (in section 5)

OR

All sale proceeds will be paid to the nominated bank account.

#### **OPENING TRANSACTION**

Please buy on our behalf units to the value of: £

Amount in words

Cheque enclosed payable to COIF Charities Investment Fund – ( We cannot accept cheques payable to your charity or CCLA)

Cheques received before the dealing day will be banked within one day of receipt and held in a "fund intake in advance account" for investment in the Fund on the dealing day. Interest will not be payable.

OR Date (dd/mm/yyyy)

#### **COIF Charities Ethical Investment Fund**

(The minimum permitted initial investment in the COIF Charities Ethical investment Fund is £1,000. To	hereafter,
any amount may be invested).	

Subtitle of account (if required)				
Please buy:				
Income Units	OR	Accumulation Units		
QUARTERLY INCOME (for income units only) Please tick one option				
Pay quarterly income to the COIF Charities Deposit Fund account on page 14				
Pay quarterly income to the nominated bank account (in section 5)				
All sale proceeds will be paid to the nominated bank account.				
OPENING TRANSACTION				
Please buy on our behalf units to the value of: £				
Amount in words				

Cheque enclosed payable to **COIF Charities Ethical Investment Fund – (We cannot accept cheques payable to your charity or CCLA)** 

Cheques received before the dealing day will be banked within one day of receipt and held in a "fund intake in advance account" for investment in the Fund on the dealing day. Interest will not be payable.

OR Date (dd/mm/yyyy)

# **COIF Charities Global Equity Income Fund**

(The minimum permitted initial investment in the COIF Charities Global Equity Income Fund is £1,000. Thereafter, any
amount may be invested).

Subtitle of account (if required)				
Please	buy:			
	Income Units	OR	Accumulation Units	
QUARTERLY INCOME (for income units only) Please tick one option				
	Pay quarterly income to the CC	DIF Charities Deposi	it Fund account on page 14	
Pay quarterly income to the nominated bank account (in section 5)				
All sale proceeds will be paid to the nominated bank account.				
OPENING TRANSACTION				
Please buy on our behalf units to the value of: £				
Amount in words				

Cheque enclosed payable to COIF Charities Global Equity Income Fund - (We cannot accept cheques payable to your charity or CCLA)

Cheques received before the dealing day will be banked within one day of receipt and held in a "fund intake in advance account" for investment in the Fund on the dealing day. Interest will not be payable.

OR Date (dd/mm/yyyy)

#### **COIF Charities Fixed Interest Fund**

(The minimum perr	mitted initial investme	ent in the COIF	- Charities	Fixed Inter	est Fund is £	`1,000. The	reafter, any	amount may
be invested).								

	be invested).			
Subtitl	e of account (if required)			
Please	buy:			
	Income Units	OR	Accumulation Units	
OLIA	DTEDLY INICOME (for		andri)	
QUA	RTERLY INCOME (for	income units	s only)	
Please tick one option				
Pay quarterly income to the COIF Charities Deposit Fund account on page 14				
Pay quarterly income to the nominated bank account (in section 5)				
All sale proceeds will be paid to the nominated bank account.				

#### **OPENING TRANSACTION**

Please buy on our behalf units to the value of: £

Amount in words

Cheque enclosed payable to COIF Charities Fixed Interest Fund – (We cannot accept cheques payable to your charity or CCLA)

Cheques received before the dealing day will be banked within one day of receipt and held in a "fund intake in advance account" for investment in the Fund on the dealing day. Interest will not be payable.

OR Date (dd/mm/yyyy)

# **COIF Charities Property Fund**

(The minimum permitted initial investment in the COIF Charities Property Fund is £10,000. Thereafter, any amount may be invested).

Subtitle	of ac	count	(if i	required)	

#### Please buy:

Income Units

#### **QUARTERLY INCOME**

#### Please tick one option

Reinvest quarterly income

Pay quarterly income to the COIF Charities Deposit Fund account on page 14

Pay quarterly income to the nominated bank account (in section 5)

All sale proceeds will be paid to the nominated bank account.

#### **OPENING TRANSACTION**

Please buy on our behalf units to the value of: £

Amount in words

Cheque enclosed payable to COIF Charities Property Fund – (We cannot accept cheques payable to your charity or CCLA)

Cheques received before the dealing day will be banked within one day of receipt and held in a "fund intake in advance account" for investment in the Fund on the dealing day. Interest will not be payable.

OR

Date (dd/mm/yyyy)

#### **IMPORTANT INFORMATION**

#### **Client Categorisation**

CCLA is required to categorise all its clients so that they receive an appropriate level of investor protection. CCLA will categorise you as a Retail Client giving you the highest level of protection available.

For your information, the next level of categorisation would be Professional Client, which is an organisation that is considered to have the necessary experience, knowledge and expertise to make its own decisions and assess the associated risk. A Professional Client must meet any of the following conditions:

- (a) a body corporate which has called up share capital or net assets of at least £5m;
- (b) an undertaking that meets two of the following tests:
  - (i) balance sheet total of EUR 12.5m;
  - (ii) net turnover of EUR 25m;
  - (iii) an average number of employees during the year of 250;
- (c) an unincorporated association, which has net assets of at least £5m;
- (d) a trustee of a trust which has assets of at least £10m.

Clients that fall into this size category will receive less protection than would otherwise be the case by CCLA categorising them as a Retail Client. However, there are certain protections that Retail Clients receive that may not be available to Professional Clients categorised as Retail Clients. In particular they may not be able to refer complaints to the Financial Ombudsman Service and are not eligible complainants under the Financial Services Compensation Scheme.

#### **Conflicts of Interest**

CCLA operates a Conflicts of Interest Policy to ensure that our clients are treated fairly. Our policy seeks to avoid circumstances which we consider may give rise to potential conflicts of interest and material disadvantage to our clients.

CCLA's Conflict of Interest Policy can be found on its website at www.ccla.co.uk.

#### **Data Protection Regulation (GDPR)**

In accordance with our regulatory obligations, and as set out in our Privacy Notice, information will be retained for a minimum of six years after the end of our relationship with you.

- As required under GDPR, consent must be given before any communication can be sent to your personal e-mail address about services other than those already provided.
- At any time, you can ask for your personal data to be removed from CCLA databases unless it is required to be retained for legal or regulatory reasons. Please email us at clientservices@ccla.co.uk or telephone us at 0800 022 3505.
- If you change your email address, or any of the other information we hold is inaccurate or out of date, please email us at client services@ccla.co.uk
- You can contact the CCLA office to receive a copy of any of your personal data currently held by us once we have received proof of your identity.
- Any details you give us will be held in accordance with current data protection legislation.
- We will not share your personal data with third parties, unless we have your permission to do so in accordance with your contract with us, or we are required to do so by law.
- We do not sell any personal data held.
- When you give us personal data, we take steps to ensure that it is treated securely. Information you send to us electronically is transmitted over the internet, but this cannot be guaranteed to be 100% secure. As a result, while we strive to protect your personal data, CCLA cannot guarantee the security of any information you transmit to us, and you do so at your own risk. Once we receive your information, we make our best effort to ensure its security on our systems mainly in password accessed databases.
- We do not collect information automatically from our website.
- Personal data will be retained in CCLA's systems which are password protected.

Please see the website for details of CCLA's Privacy Notice and full details of CCLA's Data Protection Policy are available on request.

Senator House, 85 Queen Victoria Street, London EC4V 4ET Freephone: 0800 022 3505 I www.ccla.co.uk