

# Mandate form

## Important information

### Please read before completing this form.

This mandate form will supersede any other instructions we hold. Please provide all your COIF Charity Funds account numbers to which this mandate form applies, ensuring that a separate mandate form is used if any of the charity's accounts have different operating instructions.

Please ensure that all the required documents are enclosed as failure to do so may delay any future transactions (see Section 11 for checklist).

The space provided in Section 12 should be used to add more information on any section or disclose any support requirements.

Please call our Client Services Team on freephone **0800 022 3505** if you have any questions about this form or would like to discuss any additional support needs. Please note that telephone calls are recorded. If being completed by hand, please use black ink and write in BLOCK CAPITALS.

All pages of this form should be returned to CCLA, PO Box 12892, Dunmow, Essex CM6 9DL. Alternatively, a PDF version of the form can be sent to **cclaclientservices@fnztaservices.com** if an email instructions authority is in place.

If you are sending your instruction by email, please do not send the original documentation in the post and do not resend the email and/or the attachment.

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## Section 1 About your charity

Date (dd/mm/yyyy)

### 1.1 Charity name

Has your charity's name changed?

Yes      No

If yes, please provide the previous name

### 1.2 CCLA account numbers to which this mandate form applies

### 1.3 Is your charity registered with the Charity Commission for England & Wales, the Charity Commission for Northern Ireland, or the Office of the Scottish Charity Regulator (OSCR)?

Yes    ▶ **Please go to 1.4**      No    ▶ **Please go to 1.5**

### 1.4 Charity's registration number

▶ **Please go to 1.6**

**1.5** HM Revenue & Customs reference number confirming charitable status

**You do not have to complete this section if you have provided a Charity Commission registration number in 1.4.**

**Note: correspondence from HMRC showing your charity's name or parish, address and HMRC reference number must be supplied in order to confirm charitable status.**

**1.6** Does your charity have an office address?

Yes ▶ **Please go to 1.7**      No ▶ **Please go to 1.8**

**1.7** Charity's office address

Postcode

General email address

Daytime telephone number

**1.8** Correspondence preferences

**Please tick one option**

Post – please send correspondence to our:

Office address (section 1.7)    **OR**    Correspondent home address (section 6.1)

**1.9** Statements

When does your charity's financial year end? (dd/mm)

**Please tick one option for frequency of statements**

Biannually                      Quarterly

**1.10** Is your charity also registered as a limited company?

Yes ▶ **Please see below**                      No ▶ **Please go to Section 2**

**1.11** Company registration number

**1.12** Company name (if different from charity name provided in 1.1)

**1.13** Company's registered address (if different from charity's office address provided in 1.7)

Postcode

## Section 2 Your charity structure

**2.1** Please confirm the structure of your charity:

Trust ▶ **Please include a copy of the Governing Document / Constitution / Memorandum of Articles or equivalent and any Resolutions.** ▶ **Please go to 2.4**

Limited Company / CIO ▶ **Please go to 2.2**

**2.2** Is the company limited by shares or by guarantee?

Shares ▶ **Please go to 2.3**

Guarantee ▶ **Please go to 2.4**

**2.3** Does any individual or entity hold or control 25% or more of the shares or voting rights of the company?

Yes No

If yes, please add their details below:

### Individual 1

Name

Date of birth (dd/mm/yyyy) Position

Shareholding

%

Home address

Postcode

### Individual 2

Name

Date of birth (dd/mm/yyyy) Position

Shareholding

%

Home address

Postcode

### Entity 1

Company name

Company number

Shareholding

%

Company address

Postcode

**Entity 2**

Company name

Company number

Shareholding  
%

Company address

Postcode

- 2.4** Please provide the name, date of birth and address of all trustees/executive directors of the charity/company.  
Please include minutes confirming the details of these persons as being within that position. If your charity is registered with the Charity Commission, the 'Super User' with access to the Charity Commission records can copy the full information that we require about the trustees from the Charity Commission register and send a copy of this information with the form.

**Trustee/executive director 1**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Trustee/executive director 2**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Trustee/executive director 3**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Trustee/executive director 4**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Trustee/executive director 5**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Trustee/executive director 6**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

***Please use the additional information section or a separate sheet if necessary.***

**2.5** Names of individuals who exercise control over the management of the charity/company **who are not trustees/executive directors** (e.g. Head of Finance etc.).

**Individual 1**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Individual 2**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Individual 3**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

**Individual 4**

Name

Date of birth (dd/mm/yyyy) Position

Home address

Postcode

## Section 3 Changing the subtitle of your account(s)

**3.1** Do you wish to add or change the subtitle of any of your COIF Charity Funds account(s) mentioned in 1.2?

Yes

No

▶ **Please go to Section 4**

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle

Account number

New subtitle



## Section 4 Income (for Deposit Fund/Income Units only)\*

**4.1** Do you wish to change your income payment instructions?

Yes ▶ **Please see below**

No ▶ **Please go to Section 5**

**4.2** For COIF Charities Deposit Fund accounts only

**Please tick one option**

Add income to the balance of this account(s)

**OR**

Pay income to another COIF Charities Deposit Fund account

**OR**

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

**4.3** For COIF Charities Investment Fund, COIF Charities Ethical Investment Fund, COIF Charities Short Duration Bond Fund and COIF Charities Global Equity Fund Income Unit accounts only.

**Please tick one option**

Pay income to COIF Charities Deposit Fund account

**OR**

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

**4.4** For COIF Charities Property Fund Income Unit accounts only.

**Please tick one option**

Reinvest income

**OR**

Pay income to COIF Charities Deposit Fund account

**OR**

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

\*For the Deposit Fund, income is distributed monthly. For Income Units of all other funds, income is distributed quarterly.

## Section 5 Nominated bank details

### Important information

**Payments may only be made to a bank account in the charity's name. Please see Section 11 for the acceptable documents required to verify the bank account. Subscription payments must originate from the nominated bank account.**

**5.1** Do you wish to change the nominated bank account details?

Yes      No      **▶ Please go to Section 6**

Bank/building society name

Account name

Sort code

Account number

Building society reference (if applicable)

Please send one of the following to verify the bank account: an original paying-in slip, an original cheque marked 'void' or a certified copy of a bank statement confirming the bank details above. The certification must be carried out within the last three months and by one of the following:

- representative of an FCA or EU equivalent regulated firm (e.g. bank manager)
- solicitor/lawyer
- chartered accountant
- notary
- any CCLA Investment Management Limited employee.

**The professional certifying the bank statement should:**

- **be a different person from anyone named on the form**
- **not be related, in a relationship or living at the same address to any person named on the form**
- **write 'Certified to be a true copy of the original seen by me' on the document**
- **sign and date the document. Please ensure the certification is dated within the last three months**
- **print their name under the signature and add their occupation, address and telephone number.**

## Section 6 Correspondent

**6.1** Please complete this section.

Title

Forename

Middle name

Surname

Date of birth (dd/mm/yyyy) Position

Mobile number

Daytime telephone number

Email address

Home address

Postcode

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

**6.2** Will you be an authorised signatory?

Yes

No

**6.3** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 24 of this form. I understand that I have the right to request otherwise at any time.

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

Signature

Date (dd/mm/yyyy)

## Section 7 Authorised signatories

**Please photocopy pages of Section 7 if you require more than four authorised signatories.**

### 7.1 Authorised signatory

Title

Forename

Middle name

Surname

Date of birth (dd/mm/yyyy) Position

**Your mobile number and email address will be used for security when logging into the portal.**

Mobile number

Daytime telephone number

Email address

Home address

Postcode

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

**7.2** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 24 of this form. I understand that I have the right to request otherwise at any time.

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

Signature

Date (dd/mm/yyyy)

**7.4 Authorised signatory**

Title Forename

Middle name Surname

Date of birth (dd/mm/yyyy) Position

**Your mobile number and email address will be used for security when logging into the portal.**

Mobile number Daytime telephone number

Email address

Home address

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

**7.5** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 24 of this form. I understand that I have the right to request otherwise at any time.

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

Signature

Date (dd/mm/yyyy)

**7.7 Authorised signatory**

Title Forename

Middle name Surname

Date of birth (dd/mm/yyyy) Position

**Your mobile number and email address will be used for security when logging into the portal.**

Mobile number Daytime telephone number

Email address

Home address

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

**7.8** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 24 of this form. I understand that I have the right to request otherwise at any time.

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

Signature Date (dd/mm/yyyy)

**7.10 Authorised signatory**

Title Forename

Middle name Surname

Date of birth (dd/mm/yyyy) Position

**Your mobile number and email address will be used for security when logging into the portal.**

Mobile number Daytime telephone number

Email address

Home address

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

**7.11** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 24 of this form. I understand that I have the right to request otherwise at any time.

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

Signature

Date (dd/mm/yyyy)

## Section 8 Email instructions authority

Instructions on a CCLA form, sent by email 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 [cclaclientservices@fnztaservices.com](mailto:cclaclientservices@fnztaservices.com). 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 that is not on the completed form, please send your email and PDF to our Client Services Team at [clientservices@ccla.co.uk](mailto:clientservices@ccla.co.uk) who will be happy to assist.**

### 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

Authorised signatory name

Signature

Date (dd/mm/yyyy)

Authorised signatory name

Signature

Date (dd/mm/yyyy)



## Section 9 Charity operations

**9.1** Does the charity operate/intend to operate outside of the United Kingdom?

Yes ▶ **Please list below**

No ▶ **Please go to 9.3**

**9.2** If any names of jurisdictions provided in response to question 9.1 are listed in Appendix 1, please complete the additional questions in this sub-section:

**9.2.1** What activities have been undertaken in each jurisdiction during the last two years?

**9.2.2** How many branches and/or offices does the charity have in each jurisdiction?

**9.2.3** What is the number and location of employees/volunteers?

**9.2.4** What is the source of the charity's funding e.g. public donations, legacies etc.?

**9.2.5** Please provide details of the charity's income generated during the last three years including the amounts, sources and jurisdiction.

**9.2.6** Does the charity have a/any benefactor(s) who contribute 10% or more of the charity's income?

Yes No

If yes, please provide details:

### **For individuals**

#### **Individual 1**

Name

Date of birth (dd/mm/yyyy)

Address

Postcode

**Individual 2**

Name

Date of birth (dd/mm/yyyy)

Address

Postcode

**Individual 3**

Name

Date of birth (dd/mm/yyyy)

Address

Postcode

**For entities**

**Entity 1**

Company name

Company number

**Entity 2**

Company name

Company number

**9.2.7** To which jurisdictions does the charity make distributions greater than 10% of total annual distributions?

**9.2.8** Does the charity have a code of conduct covering bribery and corruption that is applicable across all its operations?

Yes            No

**9.3** What is the purpose of the investment with CCLA?

**9.4** Who are the beneficiaries of the charity, e.g. homeless people or children living in poverty?

**9.5** What is the intended frequency of transactions for the accounts listed?

## Section 10 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, should be named as directors on the Companies House register.

**Please note that CCLA adheres to Charity Commission guidance that all accounts should be operated by at least two authorised signatories.**

**Please consult an intermediary if you require investment advice.**

### Anti-money laundering

You may be asked to provide documentation to assist CCLA in verifying the identity of any individuals/entities referenced in this form in accordance with regulatory requirements. This is normally done using electronic means but occasionally extra documents may be required from you to complete this process.

### Declarations:

We represent, warrant and undertake that:

- The charity remains eligible to invest in the COIF Charity Funds and indemnifies CCLA against any liabilities arising out of its ineligibility.
- We are authorised to act on behalf of the charity.
- All trustees/executive directors, persons with significant control/influence over the charity and holders of 25% or more of the shares of the company (stated in this form) are known to us.
- To the best of our knowledge none of our trustees or authorised signatories 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').
- We will notify CCLA of any subsequent changes to the authorising trustees/executive directors, correspondent and/or authorised signatories.
- If this mandate form is being authorised by a sole trustee/executive director, it is understood that this is only permitted where there are no other trustees/executive directors.
- The account(s) continue to be used to hold only charitable money.
- 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 is executing transactions following our instruction and is not providing advice on the merits of transactions 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 FCA Regulations (as defined in the Scheme Particulars).
- The information contained in this form is true and accurate to the best of our knowledge and belief.

### Authorisation:

We authorise you to:

- Conduct the account(s) as instructed in this mandate form.
- Accept faxed instructions that purport to be properly issued in accordance with this mandate form. We indemnify you against any costs or loss arising from your acting on such instructions.
- Grant to the person named as correspondent in Section 6 to act as administrator of the CCLA Digital Portal - the portal administrator. The CCLA Digital Portal is an online tool that allows users to view their accounts, holdings, valuations, transactions and associated documents. The person who is the portal administrator will be able to grant/revoke access to the portal for others within their organisation.

**First trustee/executive director**

▶ Please ensure full details are supplied in section 2.4

Name

Email address

Mobile number

Daytime telephone number

Signature

Date (dd/mm/yyyy)

**Second trustee/executive director**

▶ Please ensure full details are supplied in section 2.4

Name

Email address

Mobile number

Daytime telephone number

Signature

Date (dd/mm/yyyy)

## Section 11 Checklist and documentation required

### **PLEASE TICK TO CONFIRM ALL OF THE DOCUMENTS ARE ENCLOSED.**

If you have provided us with new 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 within the last three months and by one of the following:**

- **representative of an FCA or EU equivalent regulated firm (e.g. bank manager)**
- **solicitor/lawyer**
- **chartered accountant**
- **notary**
- **any CCLA Investment Management Limited employee.**

**The professional certifying the bank statement should:**

- **be a different person from anyone named on the form**
- **not be related, in a relationship or living at the same address to any person named on the form**
- **write 'Certified to be a true copy of the original seen by me' on the document**
- **sign and date the document. Please ensure the certification is dated within the last three months**
- **print their name under the signature and add their occupation, address and telephone number.**

If your charity is not registered with the Charity Commission for England and Wales, please attach a copy of the minutes of a recent trustee meeting for the purpose of confirming the relationship of the trustee(s) to your charity. The minutes should not be any older than 12 months and the trustees/executive directors as indicated in Section 2.4 and Section 10 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 12.

If your charity is registered with the Charity Commission for England and Wales the trustees mentioned in Section 2.4 and who have signed Section 10 must appear on the register.

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

- Certified copy of passport photo page or certified copy of driving licence *and*
- Certified copy of utility bill (not more than three months old)

Certification must be dated within the last three months and carried out by one of the following: a representative of an FCA or EU equivalent regulated firm, a solicitor/lawyer, a chartered accountant, a notary or any CCLA Investment Management Limited employee.

The certification must include the words **'Certified to be a true copy of the original seen by me'**.

The professional should be a different person, not be related, in a relationship or living at the same address to anyone named on the mandate form and should sign, date, print their name under the signature and add their occupation, address and telephone number, all in BLOCK CAPITALS and in English.

## Section 12 Additional information and notes

**Please use this section to disclose any additional information or support requirements.**

## Important information

### Your personal information

#### Privacy Notice

CCLA's Privacy Notice sets out how CCLA complies with UK Data Protection requirements and how it processes and protects your personal information. CCLA's Privacy Notice can be found on our website at [www.ccla.co.uk](http://www.ccla.co.uk).

#### Communicating with you

CCLA may collect and use your personal information to bring to your attention additional products or services which may be of interest to you by email, telephone or post. Where we are required to obtain your consent to communicate with you by email or telephone or post we will do so. You have the right to ask us not to process your personal information for this purpose at any time. Please email us at [clientservices@ccla.co.uk](mailto:clientservices@ccla.co.uk) or telephone us on **0800 022 3505**.

#### Sharing your personal information

To provide our services to you we may share your personal information with third parties including:

- those who provide administrative and operational services to us;
- to verify your identity in accordance with UK money laundering requirements. These may include credit reference agencies;
- where required by law, regulation or a court order;
- fraud and law enforcement agencies if you give us false or inaccurate information or you have made us aware that you suspect fraud; and
- HMRC or the Financial Conduct Authority.



# Appendix 1 List of jurisdictions

The countries listed below are provided in relation to Section 9.

Albania	Djibouti	Lebanon	Saint Vincent and the Grenadines
Afghanistan	Dominica	Lesotho	Samoa
Algeria	Dominican Republic	Liberia	Sao Tome and Principe
American Samoa	Ecuador	Libya	Saudi Arabia
Angola	Egypt	Macau	Senegal
Anguilla	El Salvador	Madagascar	Serbia
Antigua and Barbuda	Equatorial Guinea	Malawi	Seychelles
Argentina	Eritrea	Malaysia	Sierra Leone
Armenia	Eswatini	Maldives	Sint Maarten
Azerbaijan	Ethiopia	Mali	Solomon Islands
Bahamas	Fiji	Malta	Somalia
Bahrain	Gabon	Marshall Islands	South Africa
Bangladesh	Gambia	Mauritania	South Sudan
Barbados	Georgia	Mauritius	Sri Lanka
Belarus	Ghana	Mexico	Sudan
Benin	Gibraltar	Moldova	Suriname
Bhutan	Grenada	Mongolia	Syria
Bolivia	Guam	Montenegro	Taiwan
Bosnia and Herzegovina	Guatemala	Morocco	Tajikistan
Botswana	Guinea	Mozambique	Tanzania
Brazil	Guinea Bissau	Myanmar (Burma)	Thailand
British virgin islands	Guyana	Namibia	Timor-Leste
Bulgaria	Haiti	Nepal	Togo
Burkina Faso	Honduras	Nicaragua	Trinidad and Tobago
Burundi	Hong Kong	Niger	Tunisia
Cambodia	Hungary	Nigeria	Turkey
Cameroon	India	North Macedonia	Turkmenistan
Cape Verde	Indonesia	Oman	Turks and Caicos
Cayman Islands	Iran	Pakistan	Uganda
Central African Republic	Iraq	Palau	Ukraine
Chad	Israel	Panama	United Arab Emirates
Chile	Jamaica	Papua New Guinea	US Virgin Islands
China	Jordan	Paraguay	Uzbekistan
Colombia	Kazakhstan	Peru	Vanuatu
Comoros	Kenya	Philippines	Venezuela
Costa Rica	Korea, North	Qatar	Vietnam
Cote d'Ivoire	Korea, South	Republic of Congo	Yemen
Croatia	Kosovo	Romania	Zambia
Cuba	Kuwait	Russia	Zimbabwe
Curacao	Kyrgyzstan	Rwanda	
Democratic Republic of the Congo	Laos	Saint Lucia	

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**CCLA**  
BECAUSE GOOD IS BETTER

Freephone **0800 022 3505**  
[clientservices@ccla.co.uk](mailto:clientservices@ccla.co.uk)  
[www.ccla.co.uk](http://www.ccla.co.uk)

CCLA Fund Managers Limited (registered in England & Wales No. 8735639), whose registered address is: One Angel Lane, London EC4R 3AB, is authorised and regulated by the Financial Conduct Authority and is the Manager of the COIF Charity Funds (registered charity Nos. 218873, 803610, 1046249, 1093084, 1121433 and 1132054). Under the UK Money Market Fund Regulation, the COIF Charities Deposit Fund is categorised as a short-term LVNAV Money Market Fund.