

Multiple deposit form

Important information

Please read before completing this form.

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 you are sending an electronic payment and 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.

We would be grateful if this form could be sent to CCLA the day before the payment is expected so we can ensure there is no delay in the transaction being processed.

Date (dd/mm/yyyy)

Account name

Please tick one option

Bank transfer

Please send payment to the bank account detailed below.

Name: **CCLA Fund Managers Limited Client Money Payments Account**

Sort code: **40-05-30**

Account number: **33694887**

Date payment will arrive (dd/mm/yyyy)

Please quote your account number as a reference. Investors are reminded that subscription payments must originate from the nominated bank account.

Failure to provide all of the above information may result in the transaction not being processed.

OR

Cheque(s) enclosed

Please make cheques payable to **CCLA Fund Managers Limited Client Money Payments Account**. We cannot accept cheques payable to your charity, the fund or cheques drawn by a third party.

Transaction 1

Account number Amount
£

Amount in words

Reason for transaction

Transaction 2

Account number Amount
£

Amount in words

Reason for transaction

Transaction 3

Account number Amount
£

Amount in words

Reason for transaction

Transaction 4

Account number Amount
£

Amount in words

Reason for transaction

Transaction 5

Account number Amount
£

Amount in words

Reason for transaction

Total amount in words

Total amount

£

The transaction will be processed as detailed in the fund's Scheme Particulars.

Declaration

I/We have read, understood and retained the Key Information Document in conjunction with the Scheme Particulars.

Authorised signature(s)

This form must be signed in accordance with the current mandate.

Full name

Full name

Daytime telephone number

Daytime telephone number

CCLA
One Angel Lane
London EC4R 3AB



Freephone **0800 022 3505**
clientservices@ccla.co.uk
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 Charities Deposit Fund (registered charity No. 1046249). Under the UK Money Market Fund Regulation, the COIF Charities Deposit Fund is categorised as a short-term LVNAV Money Market Fund.

Data Protection Legislation: CCLA is a data controller and will hold relevant personal details which have been supplied to the Manager for the purposes of fulfilling its obligations to clients. Data will be stored by CCLA and treated as confidential. CCLA will not provide details to any other party except where necessary to fulfill the service obligations described, or where required by law. Full details of CCLA's Privacy Notice are available on CCLA's website. Full details of CCLA's Data Protection Policy are available on request.