Use this form to make amendments to The Local Authorities' Property Fund account(s)



Mandate form

(!) Important information

Please read before completing this form.

This document must be read and completed in conjunction with the Scheme Information and Key Information Document (**KID**) for the Local Authorities' Property Fund (**Fund**). Copies are available on our website, **www.ccla.co.uk**.

This mandate form will supersede any other instructions we hold.

Please ensure that all the required documents are enclosed as failure to do so may delay any future transactions (see Section 6 for checklist).

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.

Section 1 About your organisation

Date (dd/mm/yyyy)

1.1 Your organisation's name

Has your organisation'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 Organisation's office address - This address will be registered for correspondence

Postcode

1.5 Correspondence preferences

Please tick one option

Email - sent to the correspondent's email address.

OR

Post - sent to the office address (section 1.3).

Statments will be produced quarterly at the end of March, June, September and December.

- **1.6** What is the intended purpose of the investment with CCLA?
- **1.7** What is the intended frequency of transactions on the account?

Section 2 Nominated bank details

All income and withdrawals will be paid to the nominated bank account (no third party payments will be undertaken).

2.1 Do you wish to change the nominated bank account?

Yes	Please go to 2.2	No	Please go to Section 3
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2.2 Nominated bank account details:

Bank name

Account name

Sort code

Account number

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 3 Directors' (or equivalent) authorisation

This section must be read, completed and signed by a minimum of two and up to four directors (or equivalent) of the local authority who have control and management over its affairs.

Please consult an intermediary if you require investment advice.

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**.

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** 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.

Anti-money laundering

You may be asked to provide documentation to assist CCLA in verifying the identity of any individuals 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:

On behalf of the investing organisation we agree to be bound by the terms and conditions of the Scheme and the Scheme Information constituting the Fund.

By signing the authorisation section of this mandate form, we confirm that:

- The units to which this form relates are and will at all times be on behalf of the investing organisation.
- We have read and understood the contents of the Fund KID and Scheme Information.
- The investing organisation is tax exempt as it is a local authority in either England, Wales, Scotland or Northern Ireland.
- The investing organisation remains eligible to invest in the Fund as outlined under the Scheme Information.
- The persons signing below are duly authorised to sign on behalf of the investing organisation.
- The investing organisation is tax exempt for reasons other than non-UK residence.
- We shall inform CCLA of any subsequent change in the tax exempt status of the investing organisation and we agree to indemnify the Fund, as set out in the Scheme Information, against all losses suffered by the Fund as a consequence of our ineligibility to invest in the Fund.
- The correspondent and authorised signatories for the account(s) are known to us.
- We shall notify CCLA of any subsequent changes of directors (or equivalent), correspondent and/or authorised signatories.
- 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 Information).
- 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.

Accounts should be operated by:

Any two of the authorised signatories Any one of the authorised signatories

First director (or equivalent)

Name

Signature

Date (dd/mm/yyyy)

First director needs to complete sections 3.1 to 3.5

Second director (or equivalent)

Name

Signature

Date (dd/mm/yyyy)

Second director needs to complete sections 3.6 to 3.10

Third director (or equivalent) Name

Signature

Date (dd/mm/yyyy)

Third director needs to complete sections 3.11 to 3.15

Fourth director (or equivalent) Name

Signature

Date (dd/mm/yyyy)

Fourth director needs to complete sections 3.16 to 3.20

3.1	Firs Title		r equivalent)		Forename
	Mid	dle name			Surname
	Dat	e of birth (do	d/mm/yyyy) Positio	n	
	Mol	bile number			Daytime telephone number
	Em	ail address			
	Hor	me address			
	Pos	tcode		Date moved to	this address (dd/mm/yyyy)
3.2	Wil	l you be the	correspondent?		
		Yes	No		
3.3	Wil	l you be an a	uthorised signatory?		
		Yes	No		
3.4		headed Con		on page 4 of th	il, phone or post as set out in the section his form. I understand that I have the right
3.5		I confirm the	at to the best of my kr	nowledge all of	the above information I have provided

is correct as at the date of signing.

Signature

Date (dd/mm/yyyy)

3.6	Second director Title	r (or equivalent)	F	orename
	Middle name		S	Surname
	Date of birth (d	d/mm/yyyy) Positior	١	
	Mobile number		D	Daytime telephone number
	Email address			
	Home address			
	Postcode		Date moved to tl	his address (dd/mm/yyyy)
3.7	Will you be the	correspondent?		
	Yes	No		
3.8	Will you be an a Yes	authorised signatory? No		
3.9	headed Cor			phone or post as set out in the section s form. I understand that I have the right
3.10		at to the best of my kn s at the date of signing		e above information I have provided
	Signature	s at the date of signing	•	Date (dd/mm/yyyy)

3.11 Third dir	ector (or	equivalent)
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3.11	Third director (or equin Title	valent)	Forename
	Middle name		Surname
	Date of birth (dd/mm/	yyyy) Position	
	Mobile number		Daytime telephone number
	Email address		
	Home address		
	Postcode	Date moved to	to this address (dd/mm/yyyy)
3.12	Will you be the correst Yes No	pondent?	
3.13	Will you be an authoris Yes No	sed signatory?	
3.14		cating with you on page 4 of t	ail, phone or post as set out in the section this form. I understand that I have the righ
3.15	I confirm that to th is correct as at the		f the above information I have provided
	Signature		Date (dd/mm/yyyy)

3.16	Fourth	director	(or	equivalent)
5.10	i ourtii	ancetor	(OI	equivalent

3.16	Fourth director Title	(or equivalent)	Fore	name
	Middle name		Surn	ame
	Date of birth (d	d/mm/yyyy) Position		
	Mobile number		Dayt	ime telephone number
	Email address			
	Home address			
	Postcode	Da	ate moved to this a	address (dd/mm/yyyy)
3.17	Will you be the	correspondent?		
	Yes	No		
3.18	Will you be an a Yes	authorised signatory? No		
3.19	headed Co			one or post as set out in the section m. I understand that I have the right
3.20		at to the best of my know s at the date of signing.	vledge all of the al	oove information I have provided
	Signature	s at the date of signifig.		Date (dd/mm/yyyy)
	_			

Section 4 Correspondent

4.1 If no correspondent has been selected in Section 3, please complete this section.

	Title	Forename
	Middle name	Surname
	Position	
	Mobile number	Daytime telephone number
	Email address	
4.2	Will the correspondent also be an authorised signat Yes No	ory?
4.3	I agree to CCLA communicating with me by em headed Communicating with you on page 4 of t to request otherwise at any time.	
44	I confirm that to the best of my knowledge all of	the above information I have provided

4.4 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 5 Other signatories that are authorised to operate the account(s)

5.1	Authorised signatory Title	Forename
	Middle name	Surname
	Position	
	Mobile number	Daytime telephone number
	Email address	
5.2	I agree to CCLA communicating with me by ema headed Communicating with you on page 4 of th to request otherwise at any time.	
5.3	I confirm that to the best of my knowledge all of is correct as at the date of signing.	the above information I have provided
	Signature	Date (dd/mm/yyyy)

5.4 Authorised signatory Title

Middle name

Surname

Forename

Position

Mobile number

Daytime telephone number

Email addre	SS
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- **5.5** I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this form. I understand that I have the right to request otherwise at any time.
- 5.6 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)

Please use additional sheet if required

Section 6 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 2, 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 confirming the bank details.

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.

A copy of your governing document or other evidence (such as minutes or signatory list) confirming those named in Section 3 are authorised to act on behalf of your organisation.

Section 7 Additional information and notes

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

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. 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 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

Date (dd/mm/	Signature

Authorised signatory name

Signature

Date (dd/mm/yyyy)

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 Local Authorities' Property Fund. Local Authorities' Mutual Investment Trust is the trustee of the Fund and is registered in England & Wales as a company limited by guarantee (No. 700132) at the address above.