



Corporate Options Account: Application

Please provide the following details:

COMPANY

| | | | |
|------------------|--|------------|--|
| Company Name: | | | |
| Company Address: | | | |
| | | Post Code: | |

NAME

The account is to be known in the name of:

The main purpose of the account is for:
(please tick as appropriate)

- Funds for covering administration fees
- Funds for matching employees' donations
- Collecting employees' Payroll Giving deductions
- Collecting funds raised by employees out of post-tax income
- Other (please specify):

TRANSACTIONS

We agree to make deposits, i.e., by counter credit, cheque, or electronic transfer (e.g., BACS) to the following bank account, accompanied by an appropriate remittance advice:

Lloyds TSB, Sort Code: 30-98-46, Account No: 01107326, Account Name: Charitable Giving – Collect

We authorise Charitable Giving to make regular disbursements of funds as agreed or as per our specific instructions via eVoucher for the stated administration charge per transaction prevailing at the time

MANAGERS

The account will be managed by either or both of the following persons:

| | | | | | |
|-----------|----------------------|-------------|----------------------|-----------|----------------------|
| 1. Title: | <input type="text"/> | First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Tel: | <input type="text"/> | eMail: | <input type="text"/> | Password: | <input type="text"/> |
| 2. Title: | <input type="text"/> | First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Tel: | <input type="text"/> | eMail: | <input type="text"/> | Password: | <input type="text"/> |

The provision of email addresses and passwords will ensure registration for on-line access so that the Corporate Options Account can be managed via www.charitablegiving.co.uk. Each password must be at least 8 characters long (alphabetic only) and contain at least one number

Signed on behalf of Charitable Giving

| | |
|------------|----------------------|
| Signature: | <input type="text"/> |
| Position: | <input type="text"/> |
| Date: | <input type="text"/> |

Signed by, or on behalf of, the Company

| | |
|--------------------------|----------------------|
| Signature: | <input type="text"/> |
| Print Name and Position: | <input type="text"/> |
| Date: | <input type="text"/> |

On completion, please return to:

Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock, Devon PL19 0PW

