

2 PAYROLL GIVING

NOTES FOR EMPLOYER

What should an employer do?

- 1** Please complete set of forms and return to AAC
- 2** Payroll department receives the signed request from the employee
- 3** Make the deduction from the payroll and make a bank transfer to Achisomoch Aid Co Ltd.

The bank details are:

Achisomoch Aid Co. Ltd.

Sort Code 20-29-60

Account no 20332003

- 4** Forward a listing (including employee name(s), staff no(s) and amount(s) being paid).

If you have any queries, please contact Naomi Cohen on 020 8731 8988.

2a PAYROLL GIVING

AGREEMENT WITH ACHISOMOCH AID CO.

- 1** This Agreement is between Achisomoch Aid Co. (The Inland Revenue approved agency) and

Company Name

- 2** The company will operate the payroll giving scheme introduced by section 27 and 28 Finance Act 1986 and the charitable deductions (approved schemes) regulations 1986.
- 3** It is agreed that the company will:
- a** Make the deduction from the employees salary within 30 days of receipt of the original correctly completed and signed form.
 - b** Pay Achisomoch Aid Co. within 30 days of deduction and within 14 days of the end of the income tax month.
- 4** It is agreed that Achisomoch Aid Co. will:
- a** Provide the company with any information, if requested.
 - b** Will provide the employee with a statement of account.
 - c** Provide receipts for any payment made, if requested.
 - d** Not return any sums already deducted.
 - e** Inform the employee if it is not possible to make a payment to a specified charity.
- 5** The Employer must inform AAC within 30 days of contract being terminated.
- 6** In the event of failure the employer to operate the scheme, Achisomoch Aid Co. may terminate the contract at one month's notice. In such an event.
- a** No further sums shall be withheld by the employer.
 - b** Any sums already withheld will paid over to the charity agency.
 - c** All sums paid over to the charity agency shall be dealt with in accordance with the terms of the contract.

SIGNED

For Achisomoch Aid Co.	Please Print
For the Company	Please Print
Position	Date

Please complete all pages in this form

2b PAYROLL GIVING

INLAND REVENUE REGISTRATION FORM

Date

Agency Ref: Pr28

Company Details

Company name

Address

Postcode

Contact Name

Telephone Number

Tax District and Ref. No

Please complete all pages in this form

2c PAYROLL GIVING

COMPANY DETAILS FORM

Company Details

Name of Company, Subsidiary or Group which has signed the contract

Company name	
Address	
Postcode	
Telephone	Fax

Primary Contact

Title	Name	Position
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Payroll Details

Contact for payroll queries (if different)

Title	Name	Position
Address		
Postcode		
Telephone	Fax	
Tax District	Tax Reference	

External computer bureau for processing Payroll (if used)

Name		
Address		
Postcode		
Telephone	Fax	
Title	Name	Position

Please complete all pages in this form