

This form is for a UK Registered Charity only. If you are not a UK Registered Charity, please email compliance@achisomoch.org so that the correct form can be sent to you.

Please complete the following form by typing your answers below, (in the signature box please type your name), save this document and email it to compliance@achisomoch.org. Alternatively, you can print this document, complete it manually in block capital (other than in the signature box which requires your signature) and then either post it to Achisomoch, Enterprise House, 2 The Crest, London, NW4 2HN, or scan and email it back to us.

All mandatory fields, requesting information in line with our KYC requirements, have been marked with a **red** asterisk.

Charity Information	
Charity Name *	
Charity Registration Number *	
Registered Address *	(Line 1)
Registered Address *	(Line 2)
City *	Postcode*
Correspondence Address	(Line 1)
Correspondence Address	(Line 2)
City	Postcode
Accountant	
Accountant Contact details	
Does the Charity charge any fee for any product or service they provide? *	
Does your Charity make grants to other charities or individuals? *	
If so, what percentage in value of your received grants are distributed in the above manner? *	
Charity Website	

Contact Details

These details should be someone with a long-term position within the Charity, for who the trustees are happy to for Achisomoch to receive instructions from.

Title	Rabbi <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
First Name *	
Surname *	
Contact Number *	
Mobile Number	
Email Address *	

Bank Details

Please provide a copy of the Charity's Bank Statement, (or any other official bank correspondence or document), showing the Account Name, Account Details and address of the Charity.

Please note that this document must be certified (unless you send an online download). *

Bank *		Account Name*	
Sort Code *		Account Number*	
Authorised Signatory *	(Block Capitals)		
Authorised Signatory (if applicable)	(Block Capitals)		

Certification must be performed by a qualified professional, (e.g. Accountant, Solicitor, Doctor, Teacher, etc.). To certify a document it should be written, "I hereby certify that this document is a true copy of the original." This must be signed and dated, with the name and capacity of the certifier noted signed.

Please review the confirmations below and tick the relevant boxes to confirm your acceptance.

* I hereby confirm that I have read and understood the relevant Terms and Conditions (T&Cs). I will ensure that the operation of this account complies at all times, including as and when these T&Cs may be updated.
<https://achisomoch.org/wp-content/uploads/2021/02/Terms-and-Conditions-Recipients-1.pdf>

We may occasionally send you marketing e.g. information, newsletters and other non-service related communications. Please tick this box to confirm you are happy to receive such communications.

Signature*		Date*	
Name*			