

This form is for a UK Exempt Charity only. If you are a UK Registered Charity, please email compliance@achisomoch.org so that the correct form can be sent to you. For more details if your charity is exempt please visit the following link <https://www.gov.uk/guidance/how-to-register-your-charity-cc21b#when-to-apply-to-register-your-charity>

Please complete the following form by typing your answers below, (in the signature box please type your name), save this document and email 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*	
HMRC Exemption Number (if applicable)	
Registered Address*	(Line 1)
Registered Address*	(Line 2) Postcode*
City*	
Correspondence Address	(Line 1)
Correspondence Address	(Line 2) Postcode
City	
Accountant	
Charity Accountant Name*	
Charity Accountant Address*	
Charity Accountant Contact Number*	
Does the Charity charge any fee for any product or service they provide?*	
Does your Charity make grants to other charities or individuals?*	
If Yes, what percentage in value of your received grants are distributed in the above manner?*	
How many employees or volunteers work for the charity?*	
Please confirm the total operational expenditure of the charity for the last accounting year.*	
Please confirm the charitable expenditure of the charity for the last accounting year.*	

Please confirm the charity income for the last accounting year.*	
Charity Website	
Further Details Re: Exemption Status	
Can you please provide additional relevant information regarding the rationale of being an exempt charity i.e. not requiring to be registered with the Charity Commission?	

Contact Details	
These details should be someone with a long-term position within the Charity, for whom 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). *			
Please note that in the event of the account name or address being different from that of the charity please provide an explanation as to why this is the case.			
Bank*		Account Name*	
Sort Code*		Account Number*	
Please list the Authorised Signatories on the account*			

Trustees/Directors Details

We require a certified* list of committee members, either by way of a certified charity protocol document or via a letter from the accountant or attorney.

Trustee Name*		Date of Birth*	
Address (Line 1)*			
Address (Line 2)*			
Address (Line 3)		ID Number*	

Trustee Name*		Date of Birth*	
Address (Line 1)*			
Address (Line 2)*			
Address (Line 3)		ID Number*	

Trustee Name*		Date of Birth*	
Address (Line 1)*			
Address (Line 2)*			
Address (Line 3)		ID Number*	

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Address (Line 1)*			
Address (Line 2)*			
Address (Line 3)		ID Number*	

Trustee Name*		Date of Birth*	
Address (Line 1)*			
Address (Line 2)*			
Address (Line 3)		ID Number*	

If there are more than 5 trustees, please provide their details on a separate sheet of paper.

Certification must be performed by a qualified professional, (e.g. Accountant, Solicitor, Doctor, etc.). To certify one's ID the following should be written by the individual who is certifying the document, "I hereby certify that this document is a true copy of the original and a true likeness of [NAME]" while for certifying any other 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.

Please note you have a duty towards Achisomoch to update should any details of this document change, within 14 days of any such changes being made. Notwithstanding change of bank details which must be notified to AAC immediately.

Please review the confirmations below and tick the relevant boxes to confirm your acceptance.	
<input type="checkbox"/>	* I hereby confirm that I have read and understood the relevant Terms and Conditions (T&Cs) - https://achisomoch.org/wp-content/uploads/2021/02/Terms-and-Conditions-Recipients-1.pdf and I will ensure that the operation of this account complies at all times, including as and when these T&Cs may be updated.
<input type="checkbox"/>	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*			

Please return this form together with the documents listed below to compliance@achisomoch.org.

- Certified proof of the Charity's status as an exempt charity (a letter from the charity's principal regulator or an HMRC reference number showing that the Charity claims tax relief);
- Certified copy of the charity's bank statement;
- Certified document with list of trustees (either protocol document or letter from lawyer);
- Certified copy of the charity accounts.