

# Account application form

## **!** Important information

#### Please read before completing this form.

This document must be read and completed in conjunction with the relevant COIF Charity Funds Scheme Particulars and Key Information Document. Copies are available on our website, **www.ccla.co.uk**.

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

The space provided in Section 7 should be used to add more information on any section or disclose any support requirements.

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.

If you are an existing client with CCLA, please contact Client Services to request an additional account form.

## Section 1 About your charity

Date (dd/mm/yyyy)

1.1 Charity nam
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1.2 Is your charity registered with the Charity Commission for England & Wales, the Charity Commission for Northern Ireland, or the Office of the Scottish Charity Regulator (OSCR)?

Yes Please go to 1.3 No Please go to 1.4

**1.3** Charity's registration number

Please go to 1.5

1.4 HM Revenue & Customs reference number confirming charitable status

You do not have to complete this section if you have provided a Charity Commission registration number in 1.3.

Note: correspondence from HMRC showing your charity's name or parish, address and HMRC reference number must be supplied in order to confirm charitable status.

**1.5** Does your charity have an office address?

Yes Please go to 1.6 No Please go to 1.7

	Postcode
	Daytime telephone number
1.7	Correspondence preferences
	Please tick one option
	CCLA's Digital Portal – you can receive communications, including statements and transaction confirmations via the secure portal.
	OR .
	Email - sent to the correspondent's email address.
	OR  Post – please send correspondence to our:
	Office address (section 1.6) <b>OR</b> Correspondent home address (section 4.1)
l.8	Statements
	When does your charity's financial year end? (dd/mm)
	Please tick one option to coincide with your year end
	Biannually Quarterly
	Monthly*  *Please note that monthly statements are only available on the CCLA Digital Portal. See Section 3.
l.9	Is your charity also registered as a limited company?
	Yes Please see below No Please go to 1.15
	If yes - please enclose a copy of Certificate of Incorporation
1.10	Company registration number
1.11	Company name (if different from charity name provided in 1.1)
	company name (ii amerene nom enancy name provided iii iii)
I.12	Company's registered address (if different from charity's office address provided in 1.6)
	Postcode
	1 Osteode
1.13	Is the company limited by shares or by guarantee?
	Shares Please go to 1.14 Guarantee Please go to 1.15
1.14	Does any individual or entity hold or control 25% or more of the shares or voting rights of the company?
	Yes No

1.6

Charity's office address

If yes, please add their details below:			
Individual 1			
Name			
Date of birth (dd/mm/yyyy) Pos	ition		
Shareholding			
%			
Home address			
Postcode			
Individual 2			
Name			
Date of birth (dd/mm/yyyy) Pos	ition		
Shareholding			
%			
Home address			
Postcode			
market a			
Entity 1 Company name			
company name			
Company number	Sharek	nolding	
Company number	%	loiding	
Commenced durant	76		
Company address			
Postcode			

	Company	name				
	Company	number		Shareholding		
				%		
	Company	address				
	Postcode					
1.15	If you ansv		confirm th	ne legal structure of the charity below, otherwise <b>please</b>		
	Trust			trust deed or constitutional document. If the trust up, please provide details in Section 7.		
	Other	► Please specify:				
1.16	Does the c	charity have a settlor o	r settlors?			
	the trust p	roperty on or to the tru	ustees for t	al person who sets up a trust and settles or transfers the benefit of the beneficiaries. This information is only arity and will be detailed in the trust deed (or equivalent).  > Please go to 1.18		
1.17				oing activities for the charity or carry any influence		
		in the operation of the charity?				
	Yes	➤ Please see below	No	Please go to 1.18		
		e of birth and address.		n the case of natural persons, please provide the e of a legal entity, please provide the company name		
	Natural person 1					
	Name					
	Date of bir	rth (dd/mm/yyyy)				
	Home add	lress				
	Postcode					
	<b>Natural pe</b> Name	rson 2				
	Date of bir	rth (dd/mm/yyyy)				

Entity 2

Home address	
Postcode	
Entity 1 Company name	Company number
Entity 2 Company name	Company number
Please provide the name, date of birth and address of all trustees/executive directority/company.  If your charity is registered with the Charity Commission, the 'Super User' with a Charity Commission records can copy the full information that we require about from the Charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and send a copy of this information with the charity Commission register and t	access to the t the trustees
Trustee/executive director 1 Name	
Date of birth (dd/mm/yyyy) Position	
Home address	
Postcode	
Trustee/executive director 2 Name	
Date of birth (dd/mm/yyyy) Position	
Home address	
Postcode	

1.18

<b>Trustee/executive director 3</b> Name	
Name	
Date of birth (dd/mm/yyyy)	Position
Home address	
Postcode	
<b>Trustee/executive director 4</b> Name	
Date of birth (dd/mm/yyyy)	Position
Home address	
Postcode	
<b>Trustee/executive director 5</b> Name	
Date of birth (dd/mm/yyyy)	Position
Home address	
Postcode	
<b>Trustee/executive director 6</b> Name	
Date of birth (dd/mm/yyyy)	Position

Home address
Postcode
Postcode
Please use the additional information section or a separate sheet if necessary.
Names of individuals who exercise control over the management of the charity/company <b>who are not trustees/executive directors</b> (e.g. Head of Finance etc.).
Individual 1 Name
Date of birth (dd/mm/yyyy) Position
Home address
Postcode
Individual 2 Name
Date of birth (dd/mm/yyyy) Position
Home address
Postcode
Individual 3 Name
Date of birth (dd/mm/yyyy) Position

1.19

	Home address
	Postcode
	Individual 4
	Name
	Date of birth (dd/mm/yyyy) Position
	Home address
	Postcode
1.20	Who are the beneficiaries of the charity, e.g. homeless people or children living in poverty?
1.21	Does the charity operate/intend to operate outside of the United Kingdom?
	Yes Please list below No Please go to 1.23
1.22	If any names of jurisdictions provided in response to question 1.21 are listed in Appendix 1, please complete the additional questions in this sub-section:
1.22.1	What activities have been undertaken in each jurisdiction during the last two years?
1.22.2	How many branches and/or offices does the charity have in each jurisdiction?
1 22 3	What is the number and location of employees/volunteers?
	What is the hamber and location of employees/ volunteers:

1.22.5	Please provide details of the charity's income generated during the last three years including the amounts, sources and jurisdiction.
	Does the charity have a/any benefactor(s) who contribute 10% or more of the charity's income?  Yes No
	If yes, please provide details:
	For individuals
	Individual 1 Name
	Date of birth (dd/mm/yyyy)
	Address
	Postcode
	Individual 2
	Name
	Date of birth (dd/mm/yyyy)
	Address
	Postcode
	Individual 3 Name
	Date of birth (dd/mm/yyyy)

**1.22.4** What is the source of the charity's funding e.g. public donations, legacies etc.?

	Address	
	Postcode	
	For entities	
	Entity 1 Company name	Company number
	Entity 2 Company name	Company number
1.22.7	To which jurisdictions does the charity make distributions greater than 10% of total distributions?	annual
1.22.8	Does the charity have a governance process for approving grants?  Yes No  If yes, please provide details:	
1.22.9	Does the charity have a code of conduct covering bribery and corruption that is an all its operations?  Yes No	oplicable across
1.23	What is the intended purpose of the investment with CCLA?	

## Section 2 Nominated bank details

## ! Important information

Payments may only be made to a bank account in the charity's name. Please see Section 6 for the acceptable documents required to verify the bank account. Subscription payments must originate from the nominated bank account.

Bank/building society name	
Account name	
Sort code	Account number
Building society reference (if applicable)	

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 Trustees/executive directors' authorisation

This section must be read, completed and signed by a **minimum of two trustees/executive directors who have the authority to act on behalf of the charity**. The trustees signing this section on behalf of a registered charity must be named on the Charity Commission register. Executive directors, such as CEOs, should be named as directors on the Companies House register.

Please note that CCLA adheres to Charity Commission guidance that all accounts should be operated by at least two authorised signatories.

Please consult an intermediary if you require investment advice.

#### **Anti-money laundering**

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

We, the applicant, represent, warrant and undertake that:

- The charity is eligible to invest in the COIF Charity Funds and indemnifies CCLA against any liabilities arising out of its ineligibility.
- We have read and understood the contents of the COIF Charity Fund Scheme Particulars and the Key Information Document for each fund we are going to invest in.
- We are authorised to act on behalf of the charity.
- All trustees/executive directors, persons with significant control/influence over the charity and holders of 25% or more of the shares of the company (stated in this form) are known to us.
- To the best of our knowledge none of our trustees or authorised signatories are Politically Exposed Persons ('an individual who is or has, at any time in the preceding year, been entrusted with prominent public functions, or an immediate family member, or a known close associate, of such a person').
- We will notify CCLA of any changes to the authorising trustees/executive directors, correspondent and/or authorised signatories.
- If this form is being authorised by a sole trustee/executive director, it is understood that this is only permitted where there are no other trustees/executive directors.
- The account(s) will be used to hold only charitable money.
- If the investing organisation ceases to be a charity we will inform CCLA immediately and disinvest.
- 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 Particulars).
- · 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 application form until you are instructed to the contrary on a mandate form.
- Accept faxed instructions that purport to be properly issued in accordance with this application form. We indemnify you against any costs or loss arising from your acting on such instructions.
- Grant to the person named as correspondent in Section 4 authority to act as administrator of the CCLA Digital Portal the portal administrator. The CCLA Digital Portal is an online tool that allows users to view their accounts, holdings, valuations, transactions and associated documents. The person who is the portal administrator will be able to grant/revoke access to the portal for others within their organisation.

▶ Please ensure full details are supplied in section 1.18	
Daytime telephone number	
Date (dd/mm/yyyy)	
▶ Please ensure full details are supplied in section 1.18	
Daytime telephone number	
Date (dd/mm/yyyy)	

# Section 4 Correspondent/portal administrator

4.1

4.2

4.3

4.4

Correspondent/portal administrator Title	Forename
Middle name	Surname
Date of birth (dd/mm/yyyy) Positi	on
Your mobile number and email address Mobile number	ess will be used for security when logging into the portal.  Daytime telephone number
Email address	
Home address	
Postcode	Date moved to this address (dd/mm/yyyy)
Will you be an authorised signatory?	
Yes No	
	with me by email, phone or post as set out in the section u on page 26 of this Application Form. I understand that wise at any time.
I confirm that to the best of my k is correct as at the date of signin	knowledge all of the above information I have provided ag.
Signature	Date (dd/mm/yyyy)

# Section 5 Authorised signatories

5.1

Please photocopy pages of Section 5 if you require more than four authorised signatories.

5.1	Authorised signatory		
	Title	Forename	
	Middle name	Surname	
	Date of birth (dd/mm/yyyy) Position		
	Your mobile number and email address will be used Mobile number	d for security when logging into the portal.  Daytime telephone number	
	Email address		
	Home address		
	Postcode Date moved	to this address (dd/mm/yyyy)	
5.2	I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 26 of this Application Form. I understand that I have the right to request otherwise at any time.		
5.3	I confirm that to the best of my knowledge all of the above information I have provide is correct as at the date of signing.		
	Signature	Date (dd/mm/yyyy)	

5.4	Authorised signatory		
	Title	Forename	
	Middle name	Surname	
	Date of birth (dd/mm/yyyy) Position		
	Your mobile number and email address will be used for security when logging into the por		
	Mobile number	Daytime telephone number	
	Email address		
	Home address		
	Postcode Date moved	to this address (dd/mm/yyyy)	
5.5	3		
	headed Communicating with you on page 26 of this Application 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)	
		1	

5.7	Authorised signatory		
	Title	Forename	
	Middle name	Surname	
	Date of birth (dd/mm/yyyy) Position		
	Your mobile number and email address will be used		
	Mobile number	Daytime telephone number	
	Email address		
	Email address		
	Home address		
	Tionic dadress		
	Postcode Date moved t	to this address (dd/mm/yyyy)	
5.8	I agree to CCLA communicating with me by email, phone or post as set out in the se		
	headed Communicating with you on page 26 of this Application Form. I understand that I have the right to request otherwise at any time.		
5.9	I confirm that to the best of my knowledge all of the above information I have provide		
	is correct as at the date of signing. Signature	Date (dd/mm/yyyy)	
	Signature	Date (dd/ffiifi/yyyy)	

5.10	Authorised signatory	
	Title	Forename
	Middle name	Surname
	Date of birth (dd/mm/yyyy) Position	
	Your mobile number and email address will be used f Mobile number	for security when logging into the portal.  Daytime telephone number
	Email address	
	Home address	
	Postcode Date moved to	o this address (dd/mm/yyyy)
5.11	I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 26 of this Application Form. I understand that I have the right to request otherwise at any time.	
5.12	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 6 Checklist and documentation required

#### PLEASE TICK TO CONFIRM ALL OF THE DOCUMENTS ARE ENCLOSED.

If you have provided us with 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.

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
- notarv
- · 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.

If your charity is not registered with the Charity Commission for England and Wales, please attach a copy of the minutes of a recent trustee meeting for the purpose of confirming the relationship of the authorising trustee(s) to your charity. The minutes should not be any older than 12 months and the authorising trustees/executive directors as indicated in Section 3 should be named in the minutes.

If your organisation is not a church council or the charity is not required to be registered with the Charity Commission, please supply a copy of correspondence from HM Revenue & Customs stating charitable status. The correspondence must show the charity's name, address and the HM Revenue & Customs reference number. If this is not the case, an explanation must be provided in Section 7.

If you are a subsidiary charity operating on behalf of a main charity, please attach a letter from the main charity on their letterheaded paper authorising use of their registration number.

If your charity is registered as a limited company, please attach a copy of the Certificate of Incorporation. If your charity is structured as a trust or other legal structure, please attach a copy of the trust deed or equivalent constitutional document.

If your charity is registered with the Charity Commission, the address mentioned on the Charity Commission register must match with at least one of the addresses mentioned in the form. If this is not the case, an explanation must be provided in Section 7.

If your charity is registered with the Charity Commission for England and Wales the authorising trustees that have signed in Section 3 must appear on the register.

For the trustees who have authorised this application form and the authorised signatories appointed **who reside outside of the United Kingdom**, please attach the following evidence so we may verify your identity:

- Certified copy of passport photo page or certified copy of driving licence and
- Certified copy of utility bill (not more than three months old)

Certification must be dated within the last three months and carried out by one of the following: a representative of an FCA or EU equivalent regulated firm, a solicitor/lawyer, a chartered accountant, a notary or any CCLA Investment Management Limited employee.

The certification must include the words 'Certified to be a true copy of the original seen by me'. The professional should be a different person, not be related, in a relationship or living at the same address to anyone named on the application form and should sign, date, print their name under the signature and add their occupation, address and telephone number, all in BLOCK CAPITALS and in English.

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

Signature	Date (dd/mm/yyyy)
Authorised signatory name	
Signature	Date (dd/mm/yyyy)

# Section 9 Account opening form

## ! Important information

Please tick the fund(s) for which you would like to open an account.

CCLA will contact the correspondent to arrange the opening transaction when the account(s) is open. We will also set up access to the portal if required.

If assets are being transferred from your existing manager(s), CCLA can provide guidance in relation to the transfer. It will be your responsibility to arrange for your existing manager to transfer assets to CCLA. Please note that CCLA does not accept any responsibility or liability for any loss that may arise as a result of any failure or delay in the transfer of your assets.

#### **COIF Charities Deposit Fund**

Under the UK Money Market Fund Regulation 2017/1131, the COIF Charities Deposit Fund is categorised as a short-term LVNAV Money Market Fund.

Subtitle of account (if required)

## Monthly income

#### Please tick one option

Reinvest income

Pay income to the nominated bank account (in Section 2)

All withdrawals will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

Subscription payments must originate from the nominated bank account.

#### **COIF Charities Investment Fund**

(The minimum permitted initial investment in the COIF Charities Investment Fund is £1,000. Thereafter, any amount may be invested).

Subtitle of account (if required)

Unit type:

Income Units OR Accumulation Units ISIN GB0001877546 ISIN GB0001877652

#### Quarterly income (for income units only)

#### Please tick one option

Pay quarterly income to the COIF Charities Deposit Fund account on page 22

Pay quarterly income to the nominated bank account (in Section 2)

All sale proceeds will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

Subscription payments must originate from the nominated bank account.

#### **COIF Charities Ethical Investment Fund**

(The minimum permitted initial investment in the COIF Charities Ethical investment Fund is £1,000. Thereafter, any amount may be invested).

Subtitle of account (if required)

Unit type:

Income Units
ISIN GB00B57RJX49

OR
Accumulation Units
ISIN GB00B57RJ342

#### Quarterly income (for income units only)

#### Please tick one option

Pay quarterly income to the COIF Charities Deposit Fund account on page 22

Pay quarterly income to the nominated bank account (in Section 2)

All sale proceeds will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

 $\label{lem:subscription} \textbf{Subscription payments must originate from the nominated bank account.}$ 

#### **COIF Charities Global Equity Fund**

(The minimum permitted initial investment in the COIF Charities Global Equity Fund is £1,000. Thereafter, any amount may be invested).

Subtitle of account (if required)

Unit type:

Income Units

OR

Accumulation Units
ISIN GB00B29KPZ41

ISIN GB00B29KPX27

Quarterly income (for income units only)

Please tick one option

Pay quarterly income to the COIF Charities Deposit Fund account on page 22

Pay quarterly income to the nominated bank account (in Section 2)

All sale proceeds will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

Subscription payments must originate from the nominated bank account.

#### **COIF Charities Short Duration Bond Fund**

(The minimum permitted initial investment in the COIF Charities Short Duration Bond Fund is £1,000. Thereafter, any amount may be invested).

Subtitle of account (if required)

Unit type:

Income Units
ISIN GB0001877876

OR
Accumulation Units
ISIN GB0001878734

Quarterly income (for income units only)

Please tick one option

Pay quarterly income to the COIF Charities Deposit Fund account on page 22

Pay quarterly income to the nominated bank account (in Section 2)

All sale proceeds will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

 $\label{lem:subscription} \textbf{Subscription payments must originate from the nominated bank account.}$ 

## **COIF Charities Property Fund**

(The minimum permitted initial investment in the COIF Charities Property Fund is £10,000. Thereafter, any amount may be invested).

Subtitle of account (if required)

#### Unit type:

Income Units ISIN GB0031962292

#### Quarterly income

#### Please tick one option

Reinvest quarterly income

Pay quarterly income to the COIF Charities Deposit Fund account on page 22

Pay quarterly income to the nominated bank account (in Section 2)

All sale proceeds will be paid to the nominated bank account.

What is the intended frequency of transactions on the account?

Subscription payments must originate from the nominated bank account.

## ! Important information

#### Client categorisation

CCLA is required to categorise all its clients so that they receive an appropriate level of investor protection. CCLA will categorise you as a Retail Client.

#### Conflicts of interest

CCLA operates a Conflicts of Interest Policy to ensure that our clients are treated fairly. Our policy seeks to avoid circumstances which we consider may give rise to potential conflicts of interest and material disadvantage to our clients.

CCLA's Conflicts of Interest Policy can be found on its website at www.ccla.co.uk.

## 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.

## Appendix 1 List of jurisdictions

The countries listed below are provided in relation to Section 1.

Saint Vincent and Albania Djibouti Lehanon the Grenadines Afghanistan Dominica Lesotho Samoa Algeria Dominican Republic Liberia

Sao Tome and Principe American Samoa Ecuador Libya

Saudi Arabia Angola Egypt Macau Senegal Anguilla El Salvador Madagascar Serbia Antigua and Barbuda Equatorial Guinea Malawi Seychelles Argentina Eritrea Malaysia Sierra Leone Armenia Eswatini Maldives Sint Maarten Ethiopia Mali Solomon Islands

Azerbaijan Bahamas Fiji Malta Somalia Bahrain Marshall Islands Gabon South Africa Bangladesh Gambia Mauritania South Sudan Barbados Mauritius Georgia Sri Lanka Belarus Ghana Mexico Sudan Benin Gibraltar Moldova Suriname Bhutan Grenada Mongolia Svria Bolivia Guam Montenegro Taiwan Bosnia and Herzegovina Guatemala Morocco Tajikistan Guinea Botswana Mozambique Tanzania Brazil Guinea Bissau Myanmar (Burma) Thailand British virgin islands Namibia Guyana Timor-Leste Bulgaria Haiti Nepal

Trinidad and Tobago Burundi Hong Kong Niger Tunisia Cambodia Hungary Nigeria Turkey Cameroon India North Macedonia

Nicaragua

Oman

Saint Lucia

Cape Verde Indonesia Turks and Caicos Cayman Islands Iran Pakistan Uganda Central African Republic Iraq Palau Ukraine Chad Panama Israel

Honduras

Laos

United Arab Emirates Chile Jamaica Papua New Guinea US Virgin Islands China Jordan Paraguay Uzbekistan Colombia Kazakhstan Peru Vanuatu Comoros Kenya **Philippines** 

Venezuela Costa Rica Korea, North Qatar Vietnam Cote d'Ivoire Korea. South Republic of Congo Yemen Croatia Kosovo Romania Zambia Cuba Kuwait Russia

Zimbabwe Curação Kyrgyzstan Rwanda

CCLA One Angel Lane London EC4R 3AB

Democratic Republic

of the Congo

Burkina Faso



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