

# CARE OF POLICE SURVIVORS

"Rebuilding shattered lives"



## INSTRUCTIONS FOR COMPLETING STANDING ORDER

Please note that this form when completed MUST be returned to:-

### COPS

**The Hexagon Centre, Curborough Hall Farm, Watery Lane, Curborough,  
Lichfield, Staffs, WS13 8ES**

and **not** sent to your bank. This will enable us to register your standing order and allocate it a reference number, which will help our administration greatly.

You can cancel your standing order at any time through your bank. We cannot take money from your account under any circumstances; by submitting this standing order, you are authorising your bank to send money to us in line with your instructions on the form.

Your support will help us in turn to provide much-needed support to the surviving families of UK Police Officers who have died in the line of duty. On their behalf, thank you.



To ..... Bank

### STANDING ORDER MANDATE

Postal Address .....

Please Pay	Bank		CAF Bank Ltd. 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ		Sorting Code Number		40 - 52 - 40					
	Beneficiary's Name			Account Number			Quoting Reference: (Mem No)					
for the credit of	CARE OF POLICE SURVIVORS			0 0 0 2 0 0 4 5								
	Amount		Amount in words		£							
commencing	Date of first payment		and thereafter every		Due date and frequency		until further notice in writing or		Date of last payment		and debit my/our account accordingly	

PLEASE CANCEL ALL PREVIOUS STANDING ORDER/ DIRECT DEBIT MANDATES IN FAVOUR OF <i>* delete this section if not applicable</i>	UNDER REFERENCE NUMBER
CARE OF POLICE SURVIVORS	

Account to be debited:	
Sort Code	Account Number
- -	

Special Instructions
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Signature(s) ..... Date .....

PRINT NAME .....

Address .....

**Banks may decline to accept instructions to charge Standing Orders to certain types of account other than Current Accounts**

- NOTE:** The Bank will not undertake to
- make any reference to Value Added Tax or pay a stated sum plus V.A.T. or other indeterminate element;
  - advise remitter's address to beneficiary;
  - advise beneficiary of inability to pay;
  - request beneficiary's banker to advise beneficiary of receipt;
  - accept instructions to pay as soon after the specified date as there are funds to meet the payment, if funds were not available on the specified date.

**Payments may take three working days or more to reach the beneficiary's account.**



# CARE OF POLICE SURVIVORS (COPS)

'Rebuilding Shattered Lives'

Gift Aid Declaration – multiple donation

Registered Charity no 1101478 - Inland Revenue reference no XR74716

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

## DETAILS OF DONOR

Title		Forename(s)		Surname	
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Full Home Address
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Post Code	
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**I want to Gift Aid my donation of £\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years.**

**I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in the tax year it is my responsibility to pay any difference.**

Signed

Date

### Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return this completed Gift Aid Declaration to:

**Care of Police Survivors (COPS)  
Curborough Hall Farm, Watery Lane, Lichfield. WS13 8ES.**



If you have a query please telephone **01543 410790**  
or email **admin@ukcops.org**

