



Charity Official Authorisation form

Charity name

FICO Charity reference

Charity Commission or Scottish Charities Index reference (if applicable)

Charity address

Post code

Please complete Part A below to let me have details of the official who will sign your repayment claims. We will repay claims only if they are signed by this authorised official. If you wish to change the authorised official, you must inform us in writing, providing all the details requested in Part A.

Having completed Part A please also complete Part B before returning this form.

We will send any queries about claims to the authorised official at the address shown on the claim form (R68).

PART A

Details of the Authorised Official:

Full name

Office hours contact telephone number (where possible)

Home address

Post code

National Insurance Number

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Signature of Authorised Official

PART B

Signature

Full name in CAPITALS

Capacity in which signed

Date