Authority to pay gifts or make charitable donations

Full name of the person who lacks capacity	Case number	CFO account number
	Date of current deputyship order	
If there is a specific order for the release of the funds requested, please also provide	e a sealed copy of this order.	

Full name of the deputy

Gift/donation information

Please state the name of person/organisation that the gift or donation is intended for. Please only tick **one** box to indicate gift/donation per beneficiary.

	Name of beneficiary					
1.			Gift		Charitable donation	
		£				
	Name of beneficiary					
2.			Gift		Charitable donation	
		£			•	
	Name of beneficiary					
3.			Gift		Charitable donation	
		£			•	
	Name of beneficiary					
4.			Gift		Charitable donation	
		£			:	
	Total amount requeste	ed £				

Declaration

I declare the information provided on this form is correct and the gift/donation is a true reflection of the wishes of the above named client. The amount requested does not exceed the total amount of gifts/donations permissible within 12 calendar months as stipulated on the order or I have attached the specific gift/donation order with this form. I have also completed and attached Form CFO P to this form.

Signed (Deputy)	Dat	e		
Name				

How to contact the Court Funds Office						
Customer Helpline 0300 0200 199 Email enquiries@cfo.gov.uk	Address Court Funds Office Sunderland SR43 3AB	Court Funds Office DX 328004 Sunderland 19	For full details of how your information is used please see our privacy notice at https://www.gov. uk/government/collections/court- funds-office-forms or contact CFO who will provide you with a copy.			