

CHARITY COMMISSION FOR ENGLAND AND WALES

Annual Return under section 169 of the Charities Act 2011 for a Common Investment Fund or a Charity Authorised Investment Fund

	CIF/CA	IF (A)		
Fund name				
Fund number		Submission deadline		
	nation you give in this form may l ne Charities Act 2011. These fields		e on the Register of Charities in	
 This annual return should be completed by the Manager. By 'Manager', we refer to the body corporate appointed Manager under the Scheme(s) regulating a Common Investment Fund (CIF) or under the Trust Deed regulating Charity Authorised Investment Fund (CAIF). 				
	 This annual return must be completed if the CIF or CAIF is registered with the Commission and the gross income of the CIF or CAIF is over £10,000 in the financial year covered by this annual return. 			
 This annual return, when completed, must be sent to the Commission within 10 months of the end of the financial year of the CIF or CAIF. Within the same period, the Manager must also submit a copy of the Manager's annual report and the annual accounts of the CIF or CAIF. 				
	 Please enter all financial amounts in sterling to the nearest thousand pounds (£'000). If you need any help completing this annual return, please call the Commission's contact centre on 0300 066 9197. 			
Complete	this annual return for financial	years ending on or aft	er 1 January 2016	
1 Financial Year				
	а)	Financial year start 🕑		
	b)	Financial year end 🕑		
2 Gross Income, [Distributions, etc			
Extract the CIF's or CAIF's gross income, <i>total distributions paid, Manager's fees, Corporate Trustee's fees,</i> interest incurred, other expenses from the CIF's or CAIF's annual accounts prepared for the last financial year.				
2.1 Net asset value	e of the CIF or CAIF. P			
2.2 Gross income of	of the CIF or CAIF. P			
2.3 Total distribution	ons paid or payable by the CIF or (CAIF. P		
2.4 Fees payable t agents of either of	o the Manager, associates of the <i>l</i>	Manager and		
2.5 Fees payable t of either of them.	to the Trustee, associates of the Tru $oldsymbol{P}$	ustee and agents		
2.6 Interest on bor CAIF. P	rowing incurred in the administra	tion of the CIF or		

2 Gross Income, Distributions, etc (continued)					
2.7 Other expenses	2.7 Other expenses payable by the CIF or CAIF. P				
2.8 Total expenditur	e (sum of 2.3 to	2.7 inclusive). P			
2.9 Please complete	e the table below	V: P			
	Income units in issue	Net asset value pence per income unit	Accumulation units in issue	Net asset value pence per accumulation unit	Net asset value of CIF £
At the beginning of the last financial year					
At the end of the last financial year					
3 Administration o	f the Common	Investment Fund	or Charity Autho	rised Investment F	und
3.1 Please indicate t with investments in accumulation units of	the CIF or CAIF ((holding income u	nits, pai	mber of rticipating arities	
3.2 Has the Manager acted within the appropriate regulations, Yes No Attach extra information in			Attach extra information if appropriate		
3.3 Has the Manager observed full compliance with either (i) the provisions laid down in the Scheme(s) and the Scheme Particulars which regulate the CIF or (ii) with the provisions set Yes No Attach extra information if out in the Trust Deed which regulate the CAIF?					
3.4 Please provide a copy of the CIF's or CAIF's investment objectives, including the extent (if any) to which social, environmental or ethical are taken into account, and any benchmark for the last financial year.					
3.5 (i) Please state what your policy (if any) is on corporate governance in respect of the CIF or CAIF during the last financial year.					
(II) Did you comply with your corporate governance policy? Yes Yes No I information		Attach extra information if appropriate			
3.6 Did the Manager receive any complaints (from participating charities or others) about the way the CIF or CAIF Yes No Attach extra information if was managed or administered?					
4 Administration of the Common Investment Fund or Charity Authorised Investment Fund					
4.1 Is the Manager sauditor and solicitor	satisfied with the	e performance of t	he CIF's Y	es No	Attach extra information if appropriate
4.2 Has the Manage the fund, the distrib benefit provisions th Commission or whic name changes.	ution of its asset at have not bee	s on dissolution or n authorised by th	trustee e Charity Y	es No	Attach extra information if appropriate
4.3 Please provide the names and dates of appointment of the solicitors and the auditors for the CIF for the last financial year.					

5 Advisory Committee/Board

5.1 Does the CIF or CAIF have an Advisory Committee/Board that is established by the Scheme(s) regulating the CIF or by the Trust Deed?

Yes No

5.2 If the answer to 5.1 is yes in the case of a CIF, please provide full details of **every** member of the Advisory Committee/Board of the CIF year in the table below:

Enclosed

Full name 🕑	Home address	Date of birth

6 Any other matter

6.1 Is there any other matter that you wish to bring to the Commission's attention that has not been covered in this Annual Return?

Yes	
ies	

No

6.2 If the answer to 6.1 is yes, please provide the information on a separate sheet.

En	closed

7 Charity contact		
The current contact details for your charity are printed below.		
Name of contact. 🕑		
Postal address of contact. P		
Telephone number of contact.		
Email address of contact. 🕑		
If the above details are incorrect, please provide details of changes.		
Declaration - Please take care to check that the information you are giving us is correct. Those who give answers that they know are untrue or misleading may be committing an offence.		
I certify that the information given in this Annual Return is correct to the best of my knowledge and it has been brought to the attention of the Corporate Trustee and also to the attention of the members of the Advisory Committee/Board of the CIF (if applicable).		
I further confirm that there are no serious incidents or other matters which they should have brought to the Commission's attention and have not done so already.		
Name of Manager		
Authorised to sign in the name and on behalf of the Manager		
Signed Date		
Title and full name of the person who has signed (please use BLOCK CAPITALS)		
Title Full name		
Postal address		
Postcode		
Email address		
Daytime telephone		
You may find it useful to keep a copy of your completed Annual Return for your records.		
Charity Commission, PO Box 211, Bootle L20 7YX Telephone: 0300 066 9197 Email: investmentfundaccounts@charitycommission.gov.uk Website: www.gov.uk/charity-commission		
Please send this Annual Return form and your responses and enclosures to the Charity Commission at the above address.		