****

**Charity Name: INSEAD Trust for European Management Education**

C/o INSEAD Alumni Fund, Boulevard de Constance, 77305 Fontainebleau Cedex, France

**Please complete using Tab between fields and email to IAF office at INSEAD**

**IAF\_Gift\_Team@insead.edu. For any queries, please call +33 1 60 72 42 16**

**Instruction to your Bank or**

**Building Society to pay by Direct Debit**

**Service User Number**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6** | **9** | **1** | **2** | **1** | **3** |

AF, Kings Hill, West Malling, Kent ME19 4TA

**My details**

*Name:*

*Address:*

**Name and full postal address of your Bank or Building Society**

*To: The Manager*

*Bank/Building Society*

*Address*

*Postcode*

**Name(s) of Account Holder(s)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank/Building Society account number**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Branch Sort Code**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | **Instruction to your Bank or Building Society**  Please pay Charity/Donation Direct Debits from the account detailed in this Instruction subject to  the safeguards assured by the Debit Guarantee. I understand that this Instruction may remain  with Charity/Donation and, if so, details will be passed electronically to my Bank/Building Society |

|  |  |
| --- | --- |
| **Donation Details**  *I would like to make a regular donation of £*  *Quarterly  Monthly  Annually*  *Commencing (please select the start date as 1st or 15th)*  *01/  /****OR*** *15/  /*  *mm yyyy mm yyyy* | **Signature**  *Please insert your scanned signature:*    **For the purpose of this Form, a scanned or facsimile signature**  **will be deemed to constitute an original signature.** |

**Gift Aid Declaration**

The School can reclaim basic rate tax on all gifts, provided that you have paid an amount of UK income tax or capital gains tax equal to the tax we reclaim. This means that every £10 donated is worth £12.50, and the difference is paid by the Inland Revenue, at no cost to you. If you pay tax at the higher rate, then you can claim further tax relief on your self-assessment tax return.

I wish INSEAD to treat this donation, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid declarations.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

**Name**:

**First name**:

**Address**:       ***For the purpose of this Form, a scanned or facsimile signature***

***signature will be deemed to constitute an original signature.***

**Date:** DD/MM/YYYY **Signature (***please insert your scanned signature)*

