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| **Request to join the Centralised Tax Recovery Scheme** |  |

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| **Parochial Church Council of..........................................................................................**  We request that tax reclaimable under Gift Aid declarations and/or Covenants in our favour is recovered on our behalf by the Portsmouth Diocesan Board of Finance.  We confirm that our gift aid claims will/will not include claims under the Gift Aid Small Donations Scheme.  (Delete as applicable)  Signed on behalf of the PCC (Date) ………………………………………………….. | | | | | | | |
| **Name** | | **Role (e.g. Treasurer)** | | | | **Signature** | |
|  | |  | | | |  | |
| 1. | |  | | | |  | |
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| 2. | |  | | | |  | |
|  | |  | | | |  | |
| **Parish Contact Details:** | |  | | | |  | |
|  | |  | | | |  | |
| Name |  | | | | | | |
|  | |  | | | |  | |
| Role |  | | | | | |  |
|  |  | | |  | | |  |
| Address | | |  | Telephone Number |  | | |
|  | | |  |
| e-mail |  | | |
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| In case of need to raise queries, available normally during the day/evenings only? (delete as applicable) | | | | | | | |
|  |  | | |  | | |  |
| Tax Reference |  | | | Date up to which last claim made | | |  |
|  |  | | |  | | |  |
| The Diocese will pass tax refunds direct to your parish’s bank account. Please provide details below: | | | | | | | |
|  |  | | |  | | |  |
| Name of Bank |  | | | Sort Code | | |  |
|  |  | | |  | | |  |
| Name on Account |  | | | Account Number | | |  |
|  |  | | |  | | |  |
| Please ensure that this information is correct to avoid delays in credits. | | | | | | | |