Authority to pay gifts or make charitable donations

CFO PG
(12.11)

Full name of the person who lacks capacity

Case number

CFO account number

Date of court 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.

1. Name of beneficiary

☐ Gift ☐ Charitable donation

£ :

2. Name of beneficiary

☐ Gift ☐ Charitable donation

£ :

3. Name of beneficiary

☐ Gift ☐ Charitable donation

£ :

4. Name of beneficiary

☐ Gift ☐ Charitable donation

£ :

Total amount requested £ :

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

Date

Name

How to contact the Court Funds Office

Customer Helpline

0845 223 8500

Email

enquiries@cfo.gsi.gov.uk

Address

Court Funds Office
Glasgow
G58 1AB

Court Funds Office
DX 501757
Cowglen

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