

**Instruction to your bank or building society to pay direct debits**

Please complete the whole form and return to:  
British Association of Perinatal Medicine  
5 –11 Theobalds Road  
London WC1X 8SH  
Charity No. 285357



**Originator's Identification Number**

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**Ref no (office use only)**

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

To The Manager:	Bank / Building Society
Address:	
Postcode:	

**2. Account Holder(s) Name(s)**

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**3. Branch sort code**

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**4. Bank/building society account number**

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

**5. Instruction to your Bank or Building Society**

Please pay British Association of Perinatal Medicine Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature:	Date:
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**The Direct Debit Guarantee**



This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit BAPM will notify you at least 10 working days in advance of your account being debited or as otherwise agreed. If you request BAPM to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by BAPM or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when BAPM asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us (BAPM).

## GIFT AID DECLARATION

Please complete and return to:

British Association of Perinatal Medicine  
5-11 Theobalds Road  
London  
WC1X 8SH  
Charity No: 285357

**BAPM ref (office use only)**

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### 1. Name of Charity

**BRITISH ASSOCIATION OF PERINATAL MEDICINE**

### 2. Details of donor(s)

Title: Prof / Dr / Mr / Mrs / Miss / Ms

First Name(s)

Surname:

Home Address:

Post code:

### 3. Declaration

I want the British Association of Perinatal Medicine (BAPM) to treat as Gift Aid Donations all donations I have made since 6 April 2002, and all donations I make from the date of this declaration until I notify you otherwise.

Signature:

Date

### 4. Notes

Please note that you must pay an amount of income tax and/or capital gains tax at least equal to the tax that the BAPM reclaims on your donations in the tax year (i.e. 25p for every £1 donated).

You may cancel this declaration at any time by notifying the BAPM Finance and Communications Officer.

If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that BAPM reclaims, you can cancel your declaration.

Higher rate tax relief is available to donors at the difference between the higher rate of tax (40%) and the basic rate of tax (20%) so if you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment Tax Return.

Please notify BAPM if any of the above details change. It may be useful for you to keep a copy of this form for your tax purposes.