ENDURING CERTIFICATE





This form should be completed by donors who are individuals in respect of donations made on or after 1st January 2013.

N.B. You should not complete Form CHY4 (Annual Certificate) for a tax year if you have completed, or intend to complete, a Form CHY3 for the same year.

FORM CHY3

Please refer to the Notes relating to this form at www.revenue.ie/en/personal/charities.html before completing it, or a full copy of the Notes is available from UNICEF Ireland on request.

COMP	LETE IN BL	OCK LE	TTERS:													
Name	of Donor															
PPSN			Don't know your PPSN? You can find it on your pay slip, social services card or correspondence from Revenue.													
Addre	ss					F	Phon	ne [
						E	Emai	il [
Name	of eligible	charity	UNICE	EF Irela	nd											
First ta	ax year to v	vhich th	s certifica	ate app	olies:											
l unde	rstand the	followin	ıa:													
	his certificate is v			ar and eac	h of the	four foll	llowing	g tax v	years,	unles	ss I notify	UNI	CEFI	relanc	d of its	earlie
cancel			•								,					
donati	ons made by me to me or to any	to UNICEF	Ireland during													
3. I grant	permission to U	NICEF Irela	nd to use my													
4. I unde	rstand I must additions to the ment to claim tax	vise UNICE	Ireland imm	ediately of												
5. I am a	ware that for the				n 848AT	CA 1997	7 on do	onatio	ons to	an ap	oproved b	ody,	such	as U	NICEF	
Ireland (a) I m	ı ust be resident iı	n the State f	or each tax ye	ear in whic	ch I mak	e a dona	ation.									
	lonation, or dona															
of € 1,	000,000.															
(d) A d	ther I, nor any pe Ionation cannot b	oe subject to	a condition a	as to repa	yment n	or can it	t be co	nditio	onal o	n, or	associate				_	
	ty by the approver amount of my a	,	,	, ,								ciated	d (see	e Note	es) will	be
restric	ted to an amoun	· ·														
(f) I m	ust pay income to													the in	ncome	tax o
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ase tick	the box if yo	ou are as	sociated v	with the	e appr	oved	body	y na	med	in t	his cer	tific	ate	(see	e Not	tes)
nature											Date			\neg		
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