

FORM OF STATEMENT



Name of person to whom the permit was granted

.....

Address of the person to whom the permit was granted

.....

Name of the charity or fund which is to benefit

Date of Collection

Show Nil entries

Proceeds of Collection	Amount	Total		Amount	Total
From collecting boxes			Printing & Stationery		
			Postage		
Interest on proceeds			Advertising		
			Collecting boxes		
			Badges		
			Emblems		
Other items:-			Other items:-		
.....				
.....				
			Payments approved under Regulation 15(2)		
			Disposal of Balance (Insert particulars)		
TOTAL £			TOTAL £		

Certificate of the person to whom the permit was granted

I certify that, to the best of my knowledge and belief, the above is a true account of the proceeds, expenses and application of the collection.

Date Signed

Certificate of Accountant

I certify that I have obtained all the information and explanations required by me and that the above is, in my opinion, a true account of the proceeds, expenses and application of the proceeds of the collection.

Date Signed

Qualifications