

SCHEDULE

FORM OF STATEMENT

Form of Account of Proceeds, Expenses and Application of Proceeds

Name of the 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 (s) of Collection:

Permit Number:

Show Nil Entries

Proceeds of Collection	Amount	Total	Expenses and Application of Proceeds	Amount	Total
From Collecting Boxes			Printing and Stationery		
			Postage		
			Advertising		
			Collecting Boxes		
			Badges		
			Emblems		
Interest on Proceeds			Other Items:-		
				
Other Items:-				
.....					
.....			Payments approved under Regulation 15(2)		
			Disposal of Balance (insert particulars)		
TOTAL £			TOTAL £		

Certificate of Promoter

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 proceeds of the collection.

Date: Signed:

Certificate of Accountant or Treasurer/Secretary of Organisation (NOT the Promoter)

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 to which it relates.

Date: Signed:

Qualifications: