



FORM OF STATEMENT

Name of the person whom the permit was granted: _____

Address of the person whom the permit was granted: _____

Date of Collection: _____ / _____ / _____

Name of charity or fund which is to benefit: _____

Show nil entries

Proceeds of Collection	Amount	Total	Expenses and Application of Proceeds	Amount	Total
From collecting boxes as per list of collectors and amounts attached hereto			Printing and Stationery		
			Postage		
			Advertising		
Interest on proceeds			Collecting boxes		
			Badges		
			Emblems		
Other items:-			other items:-		
.....				
.....				
.....			Payments approved under Regulation of balance		
			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 true account of the proceeds, expenses and application of the proceeds of the collection.

Date Signed

Certificate of Accountant

I certify that I have obtained all the information and explanations 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 (see Regulations 16)

.....