

# SCHEDULE



## Form of Statement

Name of the person to whom the permit was granted .....

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

### 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 proceeds of the collection.

Date: ..... Signed .....

### Certificate of Account

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 .....