

Please complete the form below and show nil entries.

Name of person to whom the permit was granted _____

Address of the person to whom the permit was granted _____

Name of charity or fund, which is to benefit _____

Date of Collection _____

Areas in which collection took place _____

Total number of collection boxes used _____

Proceeds of Collection	Amount	Total	Expenses and Application of Proceeds	Amount	Total
Total amount from Collecting boxes			Printing and Stationery		
Interest on Proceeds			Postage		
Other Items			Advertising		
			Collecting boxes		
			Badges		
			Emblems		
			Other Items		
			Payments Approved under Regulation 16(b)		
			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 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 _____

Enclosures

Please tick box

List of collectors

List of amounts contained in each box