

**SCHEDULE**

**FORM OF STATEMENT**

**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)		
<b>TOTAL</b>			<b>TOTAL</b>		

Contd.....

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