



FORM OF STATEMENT

STREET COLLECTION PERMIT NO:

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 of collection:

SHOW NIL ENTRIES

PROCEEDS OF COLLECTION	AMOUNT	EXPENSES AND APPLICATION OF PROCEEDS	AMOUNT
From collection boxes		Print and Stationery	
Interest on proceeds		Postage	
Other items		Advertising	
		Collecting Boxes	
		Badges	
		Payments approved under Regulation 15(2)	
		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, expenses and application of the proceeds of the collection.

Date: _____ Signed: _____

Certificate of accountant or independent responsible person acceptable to the Council

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: _____