

FORM OF STATEMENT
Charity Market Stall

PLEASE RETURN THIS FORM TO THE LICENSING OFFICE CENTRAL SERVICES

Name of the 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:

Location of Collection:

SHOW NIL ENTRIES

Procedures of Collection	Amount	Total	Expenses & Application of Proceeds	Amount	Total
Form of Colecting Boxes			<i>Printing & Stationary</i>		
			<i>Postage</i>		
			<i>Advertising</i>		
Interest on Proceeds			<i>Collecting Boxes</i>		
			<i>Emblems</i>		
Other Items			<i>Other Items</i>		
			<i>Payments approved Under Regulation 15(2)</i>		
			<i>Disposal of Balance (Insert particulars)</i>		
TOTAL			TOTAL		

Certificate of the Person 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:

Signed:..... Dated:.....

Certificate of Accountant

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.

Signed:..... Dated:.....

