**Form of Statement – House to House Collections**

Please return this form to the Licensing office

| CAPS REF: |
| --- |

| Name of the person to whom the permit was granted: |
| --- |
| Name of the charity or fund which is to benefit: |
| Date of collection: |
| Location of collection: |

**Show Nil Entries**

| **Procedures of Collection** | **Amount** | **Total** |
| --- | --- | --- |
| Form of collecting boxes |  |  |
| Interest on proceeds |  |  |
| Other items |  |  |
| Total |  |  |
| **Expenses and Application of Proceeds** |  |  |
| Printing and stationery |  |  |
| Postage |  |  |
| Adverting |  |  |
| Collecting boxes |  |  |
| Emblems |  |  |
| Other items |  |  |
| Payments approved under regulation 15(2) |  |  |
| Disposal of balance (insert particulars) |  |  |
| 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:

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: