

FIFTH SCHEDULE - Form of Statement
WEB VERSION – PLEASE PRINT OFF AND RETURN BY POST AS THIS FORM REQUIRES A SIGNATURE

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 20....

Show nil entries

Proceeds of Collection	Amount £	Total £	Expenses and Application of Proceeds	Amount £	Total £
From collecting boxes			Printing & Stationery		
			Postage		
Interest on proceeds			Advertising		
Other items:			Collecting boxes		
.....			Badges		
.....			Emblems		
			Other items		
				
				
			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

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.....

