SCHEDULE

FORM OF STATEMENT



Form of Account of Proceeds, Expenses and Application of Proceeds

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

Date:	Signed:
Our life a time of	
Qualifications:	
Address	
Telephone No	



DATE OF COLLECTION: _____ PERMIT No: _____

DETAILS OF COLLECTORS

(2) Image: Constraint of the sector of t	NAME	BOX NO	AMOUNT	SIGNED
(3) Image: Constraint of the sector of t	(1)			
(4) Image: Constraint of the second seco	(2)			
(5) Image: Constraint of the second seco	(3)			
(6) Image: Constraint of the second seco	(4)			
(7)	(5)			
(8) (9) (10) (11) (11) (12) (13) (14) (15) (16) (17)	(6)			
(9) Image: Constraint of the second seco	(7)			
(10) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11)	(8)			
(11) (12) (13) (13) (14) (14) (15) (16) (17) (17)	(9)			
(12) (13) (14) (14) (15) (16) (17) (17) (17)	(10)			
(13) (14) (14) (15) (15) (16) (17) (17)	(11)			
(14) (15) (16) (17)	(12)			
(15) (16) (17) (17)	(13)			
(16) (17)	(14)			
(17)	(15)			
	(16)			
(18)	(17)			
	(18)			
(19)	(19)			
(20)	(20)			

PLEASE CONTINUE ON ANOTHER SHEET IF REQUIRED

COMMENTS