

# 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)		
<b>TOTAL</b>			<b>TOTAL</b>		

### 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:* \_\_\_\_\_

*Qualifications:* \_\_\_\_\_

*Address* \_\_\_\_\_

*Telephone No.* \_\_\_\_\_

DATE OF COLLECTION: \_\_\_\_\_ PERMIT No: \_\_\_\_\_

**DETAILS OF COLLECTORS**

<i>NAME</i>	<i>BOX NO</i>	<i>AMOUNT</i>	<i>SIGNED</i>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			

PLEASE CONTINUE ON ANOTHER SHEET IF REQUIRED

**COMMENTS**