



## CERTIFIED STATEMENT OF ACCOUNTS

Name & Address of person to whom permit issued by licensing Authority

.....  
.....

Name of the charity or fund which is to benefit.....

Date of the collection.....

Type of permit granted **Street Collection Permit**

Permit Number.....

*Please show all nil entries*

Proceeds of Collection	Amount	Total	Expenses & Application of Proceeds	Amount	Total
From Collecting boxes			Printing & stationary		
Interest on proceeds			Postage		
Other items			Advertising		
.....			Collecting boxes		
.....			Badges		
			Emblems		
			Other Items		
			.....		
			Payments approved Under Regulation 15 (2) of Street Collection Regulations		
			Disposal of Balance (insert particulars)		
<b>Total</b>	<b>£</b>		<b>Total</b>	<b>£</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.

..... Signed ..... Position in Society ..... Date

**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 ..... Qualification ..... Date

Full name & Business Address.....