

SCHEDULE  
FORM OF STATEMENT

Name of 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:

Show nil entries          Permit Number:

Proceed of Collection	Amount	Total	Expenses from Proceeds	Amount	Total
From collecting boxes			Printing & Stationery		
Interest on Proceeds			Postage		
Other items			Advertising		
			Collecting Boxes		
			Badges		
			Emblems		
			Other Items		
			Payments approved under Regulation 15 (2)		
			Disposal of Balance (Insert Particulars)		
<b>TOTALS</b>			<b>TOTALS</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 collection.

Date Signed