

Form of Statement – Charity Market Stall

Please return this form to the Licensing office

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:
Location of collection:

Show Nil Entries

Procedures of Collection	Amount	Total
Form of collecting boxes		
Interest on proceeds		
Other items		
Total		
Expenses and application of proceeds		
Printing and stationery		
Postage		
Adverting		
Collecting boxes		
Emblems		
Other items		
Payments approved under regulation 15(2)		
Disposal of balance (insert particulars)		
Total		

Certificate of the Person 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 of the collection:

Signed:

Dated:

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:

Dated: