

EAST STAFFORDSHIRE BOROUGH COUNCIL

STATEMENT OF ACCOUNTS

NAME.....

ADDRESS.....

Name of the charity or fund.....

Registration No

Date and place of collection.....

PROCEEDS OF COLLECTION	AMOUNT	TOTAL	EXPENSES & APPLICATION OF PROCEEDS	AMOUNT		TOTAL	
				£	P	£	P
From collection boxes			Printing and stationery				
Interest on proceeds			Postage				
Other items (to include number of Direct Debit pledges):			Advertising				
			Collection boxes				
			Badges				
			Emblems				
			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.

Signed..... Dated.....

CERTIFICATE OF ACCOUNTANT (SEE REGULATION 16 (5))

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.....

Qualifications..... Company Name & Address.....

NOTE: This statement should be completed and forwarded to The Licensing Team, The Maltsters, Wetmore Road, Burton upon Trent, DE14 1LS, **within one month** after the date of collection.