

HOUSE-TO-HOUSE COLLECTIONS ACT 1939

SCHEDULE

FORM OF STATEMENT

Permit Number: HC

Name of the person to whom the permit was granted:

Address of the person to whom the permit was granted:

Charity:

Registered Charity Number (if applicable):

Date of Collection:

Show nil entries

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 acceptable person

Proceeds of Collection	Amount	Total	Expenses and Application of Proceeds	Amount	Total
From Collecting Boxes			Printing & Stationery Postage Advertising Collecting boxes Badges Emblems Other items		
Interest on proceeds					
Other items:			Payment approved under Regulation 15 (2) Disposal of Balance (insert particulars)		
Total	£		Total	£	

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:

Qualifications: