SOLIHULL METROPOLITAN BOROUGH COUNCIL

REGULATIONS WITH REGARD TO STREET COLLECTIONS

SCHEDULE

FORM OF STATEMENT

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…….. Permit No …….

Show NIL entries

Proceeds of collection	Amount	Total	Expenses & Application of Proceeds	Amount	Total
From collecting boxes Interest on proceeds (if any) Other items:- …… ……			Printing & Stationery Postage Advertising Collecting 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 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……..

Qualifications……..