



FORM OF STATEMENT

Promoter Surname(Block Capitals) _____

First Names _____

Address _____

Purpose of Collection _____

Area to which account relates _____

Period to which account relates _____

PROCEEDS OF COLLECTIONS

EXPENSES AND APPLICATION OF PROCEEDS

All amounts to be entered Gross

All amounts to be entered Gross

From collectors
as in lists of
collectors and amounts
attached hereto. _____

Printing and
stationary _____

Bank Interest _____
Other items _____

Postage _____

Advertising _____

Collecting boxes _____

Other items _____

Disposal of balance
(Insert Particulars _____)

TOTAL _____

TOTAL _____

Certificate of Chief Promoter

I certify that to the best of my knowledge and belief the above is a true account of the expenses, proceeds and application of the proceeds of the collection to which it relates.

DATE _____ SIGNED _____

Certificate of Auditor

I certify that I have obtained all the information and explanations required by me as auditor and that the above is in my opinion a true account of the expenses proceeds and application of the proceeds of the collection to which it relates.

DATE _____ SIGNED _____ QUALIFICATIONS _____