

STREET COLLECTION

ACCOUNTANT'S CERTIFICATE/DECLARATION OF MONIES BANKED

This form must be returned within one month of the collection date.

Name of the person to	whom the pe	ermit was g	granted:			
Address of the person	to whom the	permit wa	s granted:			
Name of the observity of	. f alla i a la ii	- t- bf:	1 .			
name of the charity of	tuna wnich is	s to benefi	t:			
Date of collection:						
Show NIL entries						
PROCEEDS OF	AMOUNT	TOTAL		AMOUNT	TOTAL	
COLLECTION	£	£	APPLICATION OF PROCEEDS	£	£	
From collection			Printing & Stationery			
boxes			Printing & Stationery			
Interest on proceeds			Postage			
Other items:			Advertising			
			Collection Boxes			
			Badges Emblems			
			Other items:			
			Payments			
			Disposal of balance			
			(insert particulars)			
TOTAL			TOTAL			
Certificate of the pers	on to whom	the permi	it was granted			
I certify that to the best	of my knowle	edge and b	elief the above is a true	account of the	ne	
proceeds, expenses ar	nd application	of the pro	ceeds of the collection.			
Signed: Date:						
Signed:			Date:		•	

Please complete one section only

1. **Accountant's Certificate** Full name of accountant: Full business address: Postcode: Professional qualification(s): I certify that the total amount (£ :) declared collected by:in connection with the charitable appeal in aid of: agrees with the bank stamped copy(ies) of paying-in slip(s) shown to me. Signed: Date: 2. **Confirmation by Bank** Full name of authorised bank official: Name of bank and branch address: Sort code: I certify that a total amount of £: in connection with the charitable appeal in aid of:has been credited to account number: Name of account: held at this branch. Signed: Bank stamp and date: 3. Copies of original paying-in slips attached State number of slips attached: These will be returned to you if you enclose a stamped addressed envelope.

The Council may make such checks and share information with the Police, other Authorities or the Charity Commission to verify information.

List of Collectors

(As required by Regulation 14(3) of the City Council's Street Collection Policy)

Box No.	Name of Co	ollector	Amount Collected
	1	Total Collected	

If you have any queries on this returns form, please contact Licensing on 01392 265702, email licensing@exeter.gov.uk

Please return to: Licensing, Exeter City Council, Civic Centre, Paris Street, Exeter EX1 1RQ