

## Charitable Collections Licensee Report Form

**This form must be completed in full by the licensee.**

Licence No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Individual ☐ Corporation ☐ Unincorporated body ☐

### Section 1.

Licensee's details

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Corporation/Body \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Section 2

Please indicate how the collection was conducted and details of the period during which the collection was conducted. (If more than one method was used to conduct the collection, please provide relevant information for each method of collection)

☐ **Telephone**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

☐ **Door to door**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

☐ **Clothing bins**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

☐ **Letter**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

☐ **Internet**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

☐ **Other** (please specify) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr dd mm yr

**Record of Accounts –** Please provide account details for the collection conducted under licence. If more than one collection has been conducted, please photocopy this page and provide details for each collection as an attachment.

### Details of Proceeds Received

[illegible]**Details of lawful/proper expenses\***[illegible]

\*\* Where possible, please provide receipts for lawful/proper expenses incurred.

<b>Net proceeds</b> <i>(i.e. total proceeds received less total lawful/proper expenses)</i>	\$
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## Section 4

Please provide any other information for each collection to which the licence relates as required by the conditions of the licence.

[illegible]

(Please provide details in an attachment if more room is required)

## Section 5

I, \_\_\_\_\_  
(Licensee's full name)

declare that the information contained in this application is true and correct.

Licensee Signature \_\_\_\_\_

Date \_\_\_\_\_