



ACT GOVERNMENT
Charitable Collections Act 2003
Office of Regulatory Services

FINANCIAL REPORTS TO THE CHIEF EXECUTIVE FOR A CHARITABLE COLLECTION

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IMPORTANT INFORMATION

Applicants should be aware of their responsibilities under the *Charitable Collections Act 2003*. You can view the legislation and its regulations or download them from www.legislation.act.gov.au. You may also obtain access to the Charitable Collections Practice Manual at and relevant forms at www.ors.act.gov.au. This form may be used for the purposes of reporting to the Chief Executive on the collections conducted under the Licence in accordance with Section 48 of the Act.

Send completed applications to: **OFFICE OF REGULATORY SERVICES, PO BOX 225, CIVIC SQUARE, ACT 2608**

LICENCE NUMBER

TERM OF LICENCE

COMMENCEMENT DATE

EXPIRY DATE

Office Use only

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REPORTING REQUIREMENT – please identify the type of report attached to this form

- A licence issued for a period of **1 year or less** – you must report to the Chief Executive within 120 days after the day the licence ends.
- A licence issued for a period of **longer than 1 year** – you must report to the Chief Executive within 120 days after the **end of each 12 month period** for which the licence is in force
- A licence issued for a period of **longer than 1 year** – you must report to the Chief Executive within 120 days after the day the licence ends.

AUDIT REPORTS ARE REQUIRED FOR COLLECTIONS THAT EXCEED MORE THAN \$50,000 IN ANY 12 MONTH PERIOD

- Audit report attached. Audit report not required

TITLE
(eg. Ms, Mr, Dr)

FULL NAME OF CONTACT FOR LICENSEE / NOMINATED PERSON IF BODY NOT INCORPORATED

POSITION HELD WITHIN ORGANISATION
(eg. Exec Officer)

APPLICANT ADDRESS (Property Name, Unit, Flat, Room No, Street Number, Street Name, City/Suburb/Town, Postcode)

PHONE CONTACT

FAX CONTACT

EMAIL CONTACT

NAME OF ORGANISATION – REGISTERED NAME IF INCORPORATED (if incorporated, please provide a copy of the certificate of incorporation)

AUSTRALIAN COMPANY NUMBER

AUSTRALIAN BUSINESS NUMBER

INCORPORATED ASSOCIATION (if applicable)

REGISTERED OFFICE ADDRESS (Property Name, Unit, Flat, Room No, Street Number, Street Name, City/Suburb/Town, Postcode)

PHONE CONTACT

FAX CONTACT

EMAIL CONTACT

NAME OF AUDITOR (if collection exceeds \$50,000)

AUDITORS ADDRESS

PHONE CONTACT

FAX CONTACT

EMAIL CONTACT

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

NAME OF ACCOUNT

STATEMENT

I, the licensee / nominated person confirm that the attached financial reports (including audited reports) are a true and accurate report on:

- (i) The proceeds of the collection (including any amounts realised from benefit received for the purpose of the collection);
- (ii) The amounts of lawful and proper expenses under the Act, section 44(3) of the collection;
- (iii) The net proceeds of the collection;
- (iv) The amount applied for the purposes of the collection.

LICENSEE / NOMINATED PERSON SIGNATURE

Applicants Name in Full	Signed in my presence
Applicant Signature	Witnesses Name in Full
Dated	Witness Signature
	Dated