CARMARTHENSHIRE COUNTY COUNCIL
HOUSE TO HOUSE COLLECTION ACCOUNT

Head of Homes & Safer Communities
Department for Communities
3 Spilman Street
Carmarthen, Carmarthenshire
SA31 1LE

Permit Number: __________________________________________

Name of the person to whom the permit was granted: __________________________________________

Address of the person to whom the permit was granted:

Name of Charity or Fund which is to benefit: __________________________________________

Date of Collection: __________________________________________

<table>
<thead>
<tr>
<th>Proceeds of Collection</th>
<th>Amount £</th>
<th>Total £</th>
<th>Expenses &amp; application of proceeds Amount £</th>
<th>Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Collecting Boxes</td>
<td>Printing &amp; Stationary</td>
<td>Postage</td>
<td>Advertising</td>
<td>Collecting boxes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certificate of Chief Promoter

I certify that 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.

Signed ____________________________ Date __________________

Please turn over
Certificate of Auditor

I certify that I have obtained all the information and explanations required by me and the above is in my opinion a true account of the proceeds, expenses and application of the proceeds of the collection.

Signed __________________________ Date ___________________

Qualifications ________________________________

Name (Block Capitals) ________________________________

Address ______________________________________
________________________________________________
________________________________________________

This form should be returned along with a list of collectors and a list of the amounts contained in each collecting box.