CIVIC GOVERNMENT (SCOTLAND) ACT, 1982

Public Charitable Collections

Form of Statement

TO BE SUBMITTED WITHIN ONE MONTH OF THE LAST DATE OF THE COLLECTION

Collection organised by the ..........................................................……………………………………………………

Name of Organiser ........................................................................….

Address ..........................................................................................

Collection organised in aid of ...........................................................

Date of Collection ...........................................................................

Statement of Account
(Show Nil entries)

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<td>Balance to Funds/Organisation</td>
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I certify, in relation to this collection that (i) I have complied with the requirements of regulations 4 and 10 of the Public Charitable Collections (Scotland) Regulations 1984 dealing with the issuing and opening of envelopes and collecting boxes and the recording of their contents; and (ii) the above accounts are a true account of the expenses and proceeds of the collection(s) to the named beneficiaries.

I confirm that I shall publicise in a local newspaper a summary of this statement within one month.

Date ........................................... (Signed) ..........................................................

(Organiser)

AUDITOR’S REPORT TO MIDLOTHIAN COUNCIL

I/WE have examined the above accounts of the collection(s) undertaken on behalf of ........................................................ on ........................... and have obtained all the information and explanations which I/we considered necessary.

In my/our opinion -

(i) the organiser and his agents have complied with the requirements of regulations 4 and 10 of the Public Charitable Collections (Scotland) Regulations 1984 dealing with the issuing and opening of envelopes and collecting boxes and the recording of their contents;

(ii) the above accounts fairly present the recorded expenses and proceeds of the collection(s) and the payment of the net proceeds of the collection(s) to the named beneficiaries.

Date ........................................... (Signed) ...........................................................

(Auditor)

Qualifications ..................................................................................  

# If more than one fund or organisation has benefited state overleaf amounts given to each.

* Particulars of (a) the amount collected; (b) any other amount collected in the collection; and (c) all expenses incurred in connection with the collection should be shown. If necessary please provide details overleaf.

‡ The Auditor must be an Independent Responsible Person or a Qualified Accountant.