



## Directorate for Communities

Transport and Regulatory Services

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### Charitable Collection Return

**POLICE, FACTORIES ETC (MISCELLANEOUS PROVISIONS) ACT 1916**

**LOCAL GOVERNMENT ACT 1972**

**THE CHARITABLE COLLECTIONS (TRANSITIONAL PROVISIONS) ORDER 1974**

This return must be submitted no later than one month after the date the collection took place. Please note this return must be certified by both the applicant and a qualified accountant or other responsible person.

<b>Name of Charity/Organisation:</b>															
<b>Name and address of the person to whom the permit/licence was granted:</b>	<b>Telephone Number: Email:</b>														
<b>1. Collection Details:</b> <input type="checkbox"/> House to House <input type="checkbox"/> Street Collection <input type="checkbox"/> Both <b>Area of Collection:</b> <b>Date of Collection:</b>															
<b>2. Total Amount Raised by Collection:</b>	£														
<b>3. Details of Expenses: (if Nil please enter 0)</b>	<table border="1"> <tr> <td><b>Printing and Stationery</b></td> <td>£</td> </tr> <tr> <td><b>Advertising</b></td> <td>£</td> </tr> <tr> <td><b>Postage</b></td> <td>£</td> </tr> <tr> <td><b>Collecting Boxes</b></td> <td>£</td> </tr> <tr> <td><b>Badges</b></td> <td>£</td> </tr> <tr> <td><b>Emblems</b></td> <td>£</td> </tr> <tr> <td><b>Other Items (please specify)</b></td> <td>£</td> </tr> </table>	<b>Printing and Stationery</b>	£	<b>Advertising</b>	£	<b>Postage</b>	£	<b>Collecting Boxes</b>	£	<b>Badges</b>	£	<b>Emblems</b>	£	<b>Other Items (please specify)</b>	£
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	<b>Badges</b>	£													
<b>Emblems</b>	£														
<b>Other Items (please specify)</b>	£														
<b>4. Amount donated to the Charity/Organisation after expenses listed in section 3 have been deducted:</b>	£														

**Certificate of the person to whom the permit/licence was granted**

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:**

**Print Name:**

**Dated:**

**Certificate of Accountant / Person Verifying the Amount of the Proceeds**

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

**Signed:**

**Print Name:**

**Position within Charity/Organisation:**

**Qualification:**

**Dated:**