



GOVERNMENT OF GIBRALTAR

APPLICATION FOR ALLOCATION OF A FLAG DAY

Charity Name:

Registered Number:

Address of Charity:

Name of person making the
application on behalf of the Charity:

Relationship of the person making the
application to the Charity (e.g. Secretary):

Address of the person making the application:

Daytime Contact Telephone:

Place collection will be held:

Year of last audited accounts delivered
to the Charities Commission at the Supreme Court:

Are you requesting a specific date:

YES

NO

If so, what is your preferred date:

Signature of person making the application:

Date:

FOR OFFICIAL USE

Date received:

Name of Officer:

Signature of Officer:

Approved:

YES

NO

Date allocated:

Permits required: