



HM 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:

Capacity in which signed (e.g. Secretary, Treasurer etc.):

Address of the person making the application:

Daytime Contact Telephone:

Email address:

Venue(s) collection will be held:

Piazza ☐

Cathedral of St Mary the Crowned ☐

Morrisons ☐

Convent ☐

International Commercial Centre (ICC) ☐

Eroski ☐

Year of last audited accounts submitted to The Secretary, Charities Commission, C/o No 6 Convent Place:

Are you requesting a specific date: YES ☐

NO ☐

If so, state your preferred date:

Signature of applicant:

Date:

FOR OFFICIAL USE

Date received:

Name of Officer:

Signature of Officer:

Approved:

YES

NO

Date allocated:

Permits required: