

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 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:
Date.
FOR OFFICIAL USE
Date received: Name of Officer:
Signature of Officer:
Approved: YES NO
Date allocated:
Permits required: