



**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

The Food Company (Marina Bay)

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: \_\_\_\_\_