



For Office Use Only

Collection Number

**APPLICATION FOR HOUSE TO HOUSE COLLECTIONS LICENCE**

Name of Applicant:

Home Address:

Date of Birth:

Daytime Telephone Number:

Name of Society:

Address of Society:

Collector Status:

Volunteer/Supporter

Society/Organisation

Supporter Number \_\_\_\_\_ Registration Number \_\_\_\_\_

Name of Organisation to which proceeds of collection will be donated and Address of Head Office:

Proposed location of Collection:

**Collection Date**

Date From:

Date To:

Date:

Signature: