

## CHANDHA APPLICATION FORM

**(NOTE: Please answer all the questions on this form)**

### COLLECTOR DETAILS

Name of collector:		
Address of Collector:		City:
Post Code:	Tel:	Fax:
Email:		
Passport No:	Date of issue: / /	Expiry Date: / /
Visa No:	Place of Issue:	Expiry Date: / /

### ORGANISATION DETAILS

Name of Organisation:		
Address of Organisation:		City:
Post Code:	Tel:	Fax:
Email:		
Date Organisation Established:		
Name of person in charge:		
Address of person in charge:		City:
Post Code:	Tel:	Fax:
Email:		
Your position in the Organisation:		
If there are Trustees please provide their names and address;		
Trustee 1)		
Trustee 2)		

### About the Organisation

Has the Organisation any regular income ?	YES / NO
What is the Organisations annual budget ?	
Does the Organisation have annual account reports ?	YES / NO <i>(If yes, please provide copies)</i>
Is the Organisation a registered charity ?	YES / NO
If yes, please provide the registration number:	



## SECTION 2 of CHANDHA APPLICATION

### Collector References

Please provide two references; (**NOTE:** One reference must be from the U.K and one from the home country)

Name of Reference 1:

Address:

City:

Post Code:

Tel:

Fax:

Email:

Name of Reference 2:

Address:

City:

Post Code:

Tel:

Fax:

Email:

### Section 3 - Terms and Conditions

In order for this application to be processed you must provide the following three items;

- 1) Photocopy of your passport.
- 2) One passport sized photo.
- 3) Authorisation letter from the organisation for which the collection is being requested.

Permission will only be allowed for one appeal / collection after one Namaz only. Permission will only be granted after the enquiry is complete and satisfactory.

### Section 4 - Declaration

I have read all the terms and conditions and I understand if these are not observed, any future application by me, or this Organisation, or anyone on behalf of this Organisation, or anyone I represent will be refused.

**Please read all the requirements and provide the relevant requisites before you sign your acceptance.**

**Declaration:** I declare that the information given in this form is true to the best of my knowledge.

Signed: .....

Date: / /

----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY -----

All the details in section 3 have been checked by:

Date: / /

Position:

Application Approved: YES / NO

Date & Namaz given for Appeal: