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| **CHARITY COLLECTION APPLICATION FORM** | DATE: |

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| We require the following documents: | | | | | | | | | **Yes / No**  If yes, please attach all documents with this application. |
| * The latest and most up to date audited accounts & annual report including last 3 months bank statements | | | | | | | |  |
| * Charity registration certificate (UK or Overseas) | | | | | | | |  |
| * References from renowned persons in your country and in the UK | | | | | | | |  |
| * Activity reports, project reports, photographs, video, etc | | | | | | | |  |
| * Authorisation letter by your organisation for you to receive donation | | | | | | | |  |
| * Your personal identification (passport or photo driving licence, proof of address   i.e. government agency letter or utility bill with last 3 months) | | | | | | | |  |
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| **If you cannot provide any of the above documents, please do not take the trouble of completing the rest of the form, as it will not be considered under any circumstances** | | | | | | | | | |
| * Have you ever completed an application form from WCM in the UK? | | | | | Yes / No Date: | | | | |
| Full name, address and telephone number of your organisation: | | **…………………………………………………………………………….**  **……………………………………………………………….….………...** | | | | | | | |
| **Landline Telephone Numbers** | | | | | | | | | |
| Contact Name: | | | Country Code: | Area Code: | | | Number: | | |
| 1 |  | |  |  | | |  | | |
| 2 |  | |  |  | | |  | | |
| **Mobile Telephone Numbers** | | | | | | | | | |
| Contact Name: | | | Country Code: | Area Code: | | | Number: | | |
| 1 |  | |  |  | | |  | | |
| 2 |  | |  |  | | |  | | |
| **Fax Telephone Numbers** | | | | | | | | | |
| Contact Name: | | | Country Code: | Area Code: | | | Number: | | |
| 1 |  | |  |  | | |  | | |
| 2 |  | |  |  | | |  | | |
| Email Address: | | |  | | | | | | |
| Website Address: | | |  | | | | | | |
| Full name of principal. If related to you, his relationship: | | | Name of mohtameem / Principal | | | Relationship to you | | | |
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| What year was your organisation established? | | |  | | |
| **Charity registration details:** | | **Date Registered:** | | | **Charity Registration No:** |
|  | |  | | |  |
|  | | |  |  | | --- | --- | | Educational / Orphanage / Children’s Home |  | | Mosque (Construction / Maintenance) |  | | Welfare and poverty relief |  | | Hospital |  | | Other (specify) |  | | | | |
| If Educational / Orphanage / Children’s Home, is it for girls or boys? | | Boys Girls | | | |
| Total number of children  (Day and resident / boarding): | | **Boys (enter number)** | | | **Girls (enter number)** |
| Number of only resident / boarding children (orphans and poor children) | | **Boys (enter number)** | | | **Girls (enter number)** |
| Approximate yearly cost of running expenses:  (Excluding construction and renovation costs): (As per your Audited Accounts) | | |  |  | | --- | --- | | Indian / Pakistani | Rs. | | Bangladeshi | Tk. | | U.K. |  | | Other Currencies |  | | | | |
| How much government grants do you receive every year? | | | | **£** | |
| Total yearly amount of fees received from paying children? | | | | **£** | |
| Date when you last collected in the UK? | Date: | | | | **£** |
| What will the donation be used for? |  | | | | |
| Has your organisation got permission to receive charitable funds from abroad? | **Yes / No** | | | | |
| Organisation Bank Name and address: |  | | | | |
| Account Name: |  | | | | |
| Account Number: |  | | | | |
| Bank Code: |  | | | | |

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| **About the representative making this application on behalf of the organisation:** | | | |
| Your full name (as on your ID): | | |  |
| What is your position in the organisation? | | |  |
| Are you employed or work on commission? | | | Volunteer / Employed / Work on Commission |
| Your UK mobile telephone number: | | |  |
| Other UK Contact numbers if any: | | |  |
| **References:** | | | |
| Please give two names and contact numbers of persons in the UK that can be contacted by WCM (preferably an imam or a responsible person of an institute who can provide an accurate reference for your institute and the person who will be collecting donations): | Name, address & telephone number: | | |
| 1 |  | |
| 2 |  | |
| Please give the names of mosques in the UK or nearby town at which you were recently or last permitted to receive donations: | Name of Mosques (incl. address): | | |
| 1 |  | |
| 2 |  | |
| **Any further information you may like to give:** | | | |
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| **Declaration:** | | | |
| * I declare that the above information is true and correct to the best of my knowledge and belief. I also declare that our organisation does not promote or engage in any terrorist activities. If donation is approved, I promise to send activity and progress reports, accounts and any relevant information regularly to the Indian Muslim Welfare Society (WCM). I understand that representatives of IMWS can and will visit our organisation without any notice. * I understand that if WCM discovers that our organisation promotes or engages in terrorist activities, they will immediately inform authorities in my home country and in the UK. Also, if they discover that I or the organisation is collecting funds fraudulently, then WCM will inform authorities in the UK and in my home country and expose my fraudulent activities among other Muslim organisations in the UK and in my country. | | | |
| Signed: | | Name in full: | |
| **………………………………………………………………** | | **…………………………………………………………….** | |
| **Importance Notice:** | | | |
| Please note that your application **will not be considered** if any of the above information **is not fully completed or if**  **any supporting documents are not provided**. Your application may take up to 10 working days for it to be processed or such time which is reasonable to complete the vetting process. If and when this application is vetted by WCM, we will contact and inform you of the following:   * **Rejection of application (it is our policy not to give reason(s) for any rejected applications)** * **A certificate advising WCM affiliated masajids of our decision, not a permission to carry out collection**   **Please note without a valid license it is against the law to carry out door to door collections, please contact Kirklees Licensing Department for further information.**  You will be required to issue an official receipt to us for the donation that has been collected if you are granted permission to collect funds door to door in the locality. A letter of acknowledgement should also be sent to us afterwards on official letter headed paper directly to WCM. If this is not received, in future no more applications for a donation will be considered. | | | |
| **For office use only:** | | | |
| **Has the £10 application fee been paid?** | | **Yes / No** | |
| **Previous donation verified?** | | **Yes / No Date:** | |
| **All supporting documents attached?** | | **Yes / No** | |
| **Application details & documents verified?** | | **Yes / No** | |
| **Recommendations:** | | **Reject / Approve** | |
| **If recommended for rejection, for what reason:** | |  | |