APPLICATION FOR PERMISSION TO SELL OR CONDUCT FUNDRAISING ACTIVITIES

This form should be submitted in duplicate.

1. **Name of Group/Committee**
   
   ………………………………………………………………………………………………………………………………………………………………………

2. **Address/Location of Group/Committee including Faculty, Department, Course**
   
   ………………………………………………………………………………………………………………………………………………………………………

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   **Main Contact Name & Tel. No.** ………………………………………………………………………………………………………………………

3. a) **Name and Reg. No. of Chairman/President of Group**
   
   ………………………………………………………………………………………………………………………………………………………………………

   b) **Name and Reg. No. of Treasurer**
   
   ………………………………………………………………………………………………………………………………………………………………………

   c) **Name and Reg. No. of Secretary**
   
   ………………………………………………………………………………………………………………………………………………………………………

4. **Proposed activities/events(s). Use a separate sheet if necessary (if activities/events are off campus they must be assessed by the Internal Auditor).**
   
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5. **Date(s)/Time(s)/Location(s) of activities/events in order of activity.**
   
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6. **Specific purpose(s) for which the funds/materials raised will be used.**
   
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7. Amount targeted to be raised.

8. Approved Bank Account No. if any, or proposed location for the safe-keeping of funds/materials.

9. Signatures of accounts and financial transactions.
   1. ………………………………………………………………………………………………………………………………………………………
   2. ………………………………………………………………………………………………………………………………………………………
   3. ………………………………………………………………………………………………………………………………………………………

10. Name(s) of person(s) responsible for reporting on the collection and allocation of funds for the purposes mentioned above or any other purpose that may arise.

11. I, the undersigned, certify that the information given above is to the best of my belief and knowledge true and correct. I pledge to allow the scrutiny of the books and records by the authorized University Officers.

_______________________________________________________________________________________

Signature
Secretary of Group/Committee
Date: ………………………………………

FOR OFFICIAL USE ONLY

Recommended Yes ( ) No ( )

Signature and Stamp
Head of Dept./Admin. Officer/Lecturer

Recommended Yes ( ) No ( )

Signature and Stamp
President/Secretary, U.G.S.S

Recommended Yes ( ) No ( )

Signature and Stamp
Internal Auditor

Recommended Yes ( ) No ( )

Signature and Stamp
Registrar
Preliminary Approval  

Yes (   )  No (   )

Conditions attached:  

…………………………………………………………….

Signature and Stamp  

ORMP

**Standard Administration Fee - $1,500**

Paid:  Yes (   )  No (   )

…………………………………………………………….

Signature and Stamp  

Bursary

**Environmental Deposit**

Amount Paid:  ……………………………………….

Receipt No.  ……………………………………….

…………………………………………………………….

Signature and Stamp  

Bursary

**The section below is to be completed by ORM&P**

Environmental requirements met  

Yes (   )  No (   )

Final approval  

Yes (   )  No (   )

Financial Statement received  

Yes (   )  No (   )

Deposit refunded  

Yes (   )  No (   )

Certified by:  …………………………………………………..

Deposit received by:  …………………………………………………..

Date:  …………………………………………………..

Recommended by:  …………………………………………………..

…………………………………………………………….

Signature and Stamp  

ORMP