

## GIRLGUIDING NORTHAMPTONSHIRE



### To Unit Leaders, District and Division Commissioners

Please complete this form and forward with your Annual Accounts as follows:

Units        to your District Commissioner  
Districts   to your Division Commissioner  
Divisions   to the County Chair of Finance

### Unit Name / District / Division

Name of Person responsible for keeping accounts

Name of Bank or Building Society where the money is held

Sort Code

Account number

Please list the full names and addresses of all signatories on this account. Please remember that there must be two to sign every withdrawal and a minimum of 3 signatories.

### To be completed by the Independent Examiner of the Accounts

I confirm that I have examined the accounts of the above Unit / District / Division and that the balances held as at 31st December \_\_\_\_\_ were as follows:

Cash in Hand	£
Bank / Building Society	£

Signed  
Independent Examiner

Date