



# HM Government of Gibraltar

## APPLICATION FOR ALLOCATION OF A FLAG DAY

Charity Name:

Registered Number:

Address of Charity:

Name of person making the application on behalf of the Charity:

Capacity in which signed (e.g. Secretary, Treasurer etc.):

Address of the person making the application:

Daytime Contact Telephone:

Email address:

Venue(s) collection will be held:

Piazza	<input type="checkbox"/>	Cathedral of St Mary the Crowned	<input type="checkbox"/>	Morrisons	<input type="checkbox"/>
Convent	<input type="checkbox"/>	International Commercial Centre (ICC)	<input type="checkbox"/>	Eroski	<input type="checkbox"/>

Year of last audited accounts submitted to The Secretary, Charities Commission, C/o No 6 Convent Place:

Are you requesting a specific date: YES  NO

If so, state your preferred date:

Signature of applicant:

Date:

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### FOR OFFICIAL USE

Date received:

Name of Officer:

Signature of Officer:

Approved: YES NO

Date allocated:

Permits required: