

Verification Form

Date of form completed: _____

Documents Shown by: _____

Membership No.: _____

Documents Verified by: _____

Membership No.: _____

Comments and suggestions in relation to verification:

This form will be verified and signed off by the next new member signing. This way the questions asked and the way the information is collated will have to be in layman's terms.

Number of members:	Previous Month	This Month	Percentage Increase	Percentage of Venture	Value of Funds / Profit
Residents					
Customers					
Investors					
Community					

Number of Bank Accounts used: _____ Value of Accounts: £ _____

	This Month	Previous Month
Value of Accounts held:	£ _____	£ _____
Business Activity Income:	£ _____	£ _____
Additional funds received:	£ _____	£ _____

Operating Costs breakdown / reasons

This Month's Costs	Next Month	6 Months	12 Months	Longer
£ _____	£ _____	£ _____	£ _____	£ _____

Notes in relation to above:

Bequeathed Subject to verification: £ _____ Verified: £ _____

Philanthropy donations Subject to verification: £ _____ Verified: £ _____

Collections from funding campaigns: £ _____

Donations received by Individuals / Businesses £ _____