

EDINBURGH DIOCESAN SCHEDULE 2016



NAME OF CHARGE

--

SECRETARY

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

TREASURER

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

AUDITOR

Full Name :	
Address :	
Post Code :	
Occupation	

DIOCESAN SYNOD LAY REPRESENTATIVE - *Elected at AGM*

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

DIOCESAN SYNOD ALTERNATE LAY REPRESENTATIVE – *Elected at AGM*

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

PVG CO-ORDINATOR

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

PROPERTY CONVENER

Full Name :	
Address :	
Post Code :	
Telephone :	
email :	

CHURCH ARCHITECT

Full Name :	
Address :	
Post Code :	

Date of last Review of insurance

Date

Current levels of insurance cover (including index linking)

Church

£

Rectory

£

Hall

£

Other

£

Insurance Company

Name

Is any property listed? YES / NO If so, what category?

Details

Please give details of any changes of ownership

Details

Have there been any changes in the Constitution? YES / NO (please specify)

Details

Date of Congregational AGM

Date

Were the Annual Accounts presented to, and approved at, the Annual General Meeting

YES NO

<i>If "no" add comment here:</i>

I certify that the foregoing information is correct.

Signed Secretary / Treasurer

Date

This form should be completed and returned by 31st January 2017 to: **The Diocesan Administrator, Diocesan Office, 21A Grosvenor Crescent EDINBURGH EH12 5EL**