

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 : |  |

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

£

£

£

£

Name

Insurance Company

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

Date of Congregational AGM

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

YES NO

*If “no” add comment here:*

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**