EDINBURGH DIOCESAN SCHEDULE 2017

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
£	£	£	£

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 ☐

If "no" add comment here:

I certify that the foregoing information is correct.

Signed …… Vestry Secretary

Date ……

This form should be completed and returned by 31st January 2018 to: **The Diocesan Administrator, Diocesan Office, 21A Grosvenor Crescent EDINBURGH EH12 5EL**