# Girlguiding Hampshire West - Unit Accounts Summary

Unit:

Charity Number (if applicable): ………………………………………………….

|  |  |
| --- | --- |
| Unit Leader |  |
| Bank/Building Society |  |
| Sort Code |  |
| Account Number |  |
| Signatories  |  |
|  |
|  |
| How many signatories needed to sign |  |
| Financial Year (Month and Year) |  |
| End of Year Balance |  |
| Person responsible for keeping the accounts  |  |

I confirm that the:

 i. Information given above is accurate

 ii. Unit accounts have been independently reviewed

Signed by Unit Leader Dated



Upon completion, this form should be returned by the Unit Leader to the District

Commissioner, together with a copy the unit’s end of year accounts balance sheet