

APPENDIX 1
Financial Information Form
Arran Locality - Your Money, You Decide

Name of Group:	
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Bank Details:

Name of Account:								
Account No:								
Sort Code:								
Name of Person Responsible:								
Position:								
Address:								
Email:								
Telephone Number:								
On behalf of the group, I hereby agree and abide to all of the Conditions of Grant:								
Signed:								
Print:								
Date:								

Bank Details of Host Group (if appropriate)

Name of Account:								
Account No:								
Sort Code:								
Name of Person Responsible:								
Position:								
Address:								
Email:								
Telephone Number:								
On behalf of the group, I hereby agree and abide to all of the Conditions of Grant:								
Signed:								
Print:								
Date:								

Please keep a copy for your own records and send original copy to: PB Team, Connected Communities, 2nd Floor West, Cunninghame House, Irvine, KA12 8EE or email: participatorybudgeting@north-ayrshire.gov.uk