**WI Committee Member’s Declaration Form**

Name of WI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, declare that:

* I am paid-up member of the above WI.
* I am physically and mentally capable of managing and administering my own affairs
* I have not been disqualified under the Charites Act 2011 from acting as a trustee of charity.
* I do not have an unspent conviction relating to any office involving deception or dishonesty.
* I am not an undischarged bankrupt nor have I made a composition or arrangement with, or granted a trust deed for, any creditors (ignore if discharged from such an arrangement).

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address

Previous Address if moved in past 12 months