



NFOP Examiner's Certificate

Year ended 31st December 2025

Branch Number

Branch Name

INCOME

EXPENDITURE

Membership fees

Collected locally

Friends of NFOP

Rebate Received

January

April

July

October

Conference expenses reimbursed

Members Contributions

Social Events

Branch Holidays

Bank Interest

Other Income (specify):

.....
.....
.....

Hall Hire

Refreshments

Hospitality/Guest Speaker

Donations to Welfare Fund

Conference Expenses

Social events

Branch Holidays

Printing & Copying

Postage

Telephone

Stationery

Travel

Other Expenditure (specify)

.....
.....
.....

Total Income _____

Total Expenditure _____

Balances at :

31st December 2024

Cash

Current account

Deposit Account

Other Accounts

Total 2024 _____

Income less Expenditure _____

Total 2025 _____

31st December 2025

Cash

Current account

Deposit Account

Other Accounts

Sub total _____

Total 2025 _____

Treasurer's Signature

Date



NFOP Examiner's Certificate
 Year ended 31st December 2025
Fund Raising Events and Collections

INCOME

Money received from

Events
 Collections
 Donations

Total _____

EXPENDITURE

Cost of events

Donations

Total _____

I/We the undersigned, having been elected as Examiners for the above Branch, confirm that the financial records of the Branch have been inspected and that the financial affairs of the Branch have been conducted in accordance with Branch Rules. I/We also confirm that any matters of which we were unsure have been brought to the attention of the Branch Treasurer and Secretary.

Signature

Print Name

Signature

Print Name

Date (dd/mm/yy)

Meetings

Number of meetings held

Highest Attendance month

Lowest Attendance month

Average Attendance