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| A close up of a logo  Description automatically generated with low confidence  Notts Fed of WIs, PO Box 11460, Newark, Notts., NG24 9TY  Mob: 07955 771784 Email: [helenainley@nottswi.org.uk](mailto:helenainley@nottswi.org.uk) (IFE Admin) | A picture containing emblem, symbol, crest, logo  Description automatically generated |

**WI ANNUAL REPORT FORM**

WI: …………………………………………………………………………

Due to the significant steps we are taking to go paperless, the Federation will be relying heavily on the MCS for information. It is therefore imperative that your MCS rep updates your records as soon as any changes are made at your WI. This includes anything relating to the venue, meeting days, officers and anyone else holding a position at your WI plus any members’ contact information.

Your MCS Rep is responsible for updating any changes throughout the year as well as after your Annual Meeting and the MCS must be updated within two weeks of your Annual Meeting.

Please return this form via email to the office – [helenainley@nottswi.org.uk](mailto:admin@nottswi.org.uk) to confirm that (a) there are no changes from your Annual Meeting, or (b) indicate below changes to either to the President, Secretary or Treasurer. This is so that the office can issue new passwords for those officers to access 365/SharePoint.

No change to venue or meeting time.

New venue/time:

Board of Trustees’ permission sought and agreed.

New Officers listed below who will be sent a password to allow them access to 365/Sharepoint:

Name of new President:

Name of new Secretary:

Name of new Treasurer:

I confirm that MCS was updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ with new Officers, Committee members (all of whom are Trustees of your WI) and members’ contact details.

We have discussed GDPR and are compliant and up to date.

The Equality and Diversity and Inclusion Statement has been discussed with WI members at the Annual Meeting and noted in the record of the Annual Meeting.

We will contact the office 3 months prior to our Financial Year End to request an IFE to examine our Accounts.

Our usual examiner is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed……………………………………………………………………. Position …………………………………………. Date………….………………

*Please retain a copy of this form for your records.*

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