A close up of a logo

Description automatically generated with low confidence

**WI Committee Member/Trustees 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 Charities Act 2011 from acting as a trustee of charity.
* I do not have an unspent conviction relating to any offence 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 |  |
| Dated |  |
| Home Address |  |
| Previous address (if you have moved in the past 12 months): | |