

**Department of Public Trustee**

**Information Collection Form to be Completed for the Payment of Temple Compensation pursuant to the Decision of the Commissioner General of Buddhist Affairs.**

1. Name of the Temple: - .....  
.....  
.....

2. Name of the chief incumbent: - .....  
.....  
.....

3. As directed for release by the Commissioner General of Buddhist Affairs,

    i. Amount of Money: -.....

    ii. Name of the Account: - .....

    iii. Account Number, Bank name, Branch: - .....

.....

4. Whether the funds are to be released from the fixed deposit or from the interest earned thereon.....  
.....

5. Date of release: -.....

6. Cheque No: -.....

7. Whether the cheque was received by post or collected in person.  
.....

If collected in person, please specify accordingly

    i. Name of the Recipient: - .....

    ii. NIC No: -.....

    iii. Signature: - .....

    iv. Date: - .....