## To be sent to External Accountant/Auditor only

BOARD OF MANAGEMENT – CONFIRMATION OF DATA TO BE SUBMITTED TO THE FSSU (This document does not form part of the Financial Accounts)

SCHOOL NAME			ROLL NUMBER		
ADDRE	ess				
Accoun	tants/Audit	tors Name:			
Accoun	tants/Audit	tors Address:			
Dear_		, (inse	ert Accountant/Auditors n	ame)	
1.	The boar	d of management	of insert school name		
	authorise insert accountants/auditors name, to transfe				
	the relevant information contained in the financial accounts to the Financial Support Service				
	Unit as part of the online submission process.				
2.				relevant information contained in the board I Support Services Unit to:	
	a) th	ne Central Statistic	cs Office, to satisfy the ar	nual reporting obligations.	
		ne Charities Regul Section 52 of the C		I reporting obligations set out in	
	c) th	ne Patron, where r	equested		
3. 4. 5.	bank balance of the Parents Association and/or Student Council are included in these accounts. The board of management confirms that the Trustee details for the school are registered correctly with the CRA.				
			•	-	
6.		_	iployees employed direct 31 <sup>st</sup> August 2019 was inse	ly by the board of management in the	
7.	The num	ber of individuals v	•	the board of management and the	
	None 1 - 9 10 - 19 20 - 49 50 - 249 250+				
On behalf of the board of manage		board of managen	nent on	(insert date)	
	Ch	nairperson		Board Member	