Key Management Personnel Related Party Notification Form



Private and Confidential

This form is to be completed by Council's Key Management Personnel (KMP) in accordance with the *Related Party Disclosures Policy*. The information collected in this declaration will be used to identify related party transactions that may be disclosed in Council's annual Financial Statements in accordance with Australian Accounting Standard AASB 124 Related Party Disclosures. This information is subject to audit

YOUR DETAILS				
Full Name				
Position				
YOUR CLOSE FAMILY MEMBERS				
Name of Close Family Member	ne of Close Family Member Relationshi		to You	
Entities Controlled or Jointly Controlled by You and / or Close Family Members				
Name of Entitiy ABN or AC		l of Entity	Period Related (if not for full period)	
	l			
Declaration				
I declare that, to the best of my knowledge, the above information is a complete and accurate record of my close family members and the entities controlled, or jointly controlled, by myself or my close family members. I have excluded minors unless there are, or are likely to be, relevant transactions. I make this declaration after reading the <i>Related Party Disclosures Policy</i> , which detail the purposes for which this information will be used and disclosed.				
I have notified my close family members of their inclusion on this declaration form.				
Declared at (insert place)				
Signature				
Full name				
		4		

