## **APPENDIX A**



Name: \_\_\_\_\_ (Please print)

## BRIDGEND COUNTY BOROUGH COUNCIL CLOSURE OF ACCOUNTS 2018-19 DECLARATION OF RELATED PARTY TRANSACTIONS

Name of organisation	Own position in organisation	Family member position in organisation
Eg: AN Other Consulting Services		Director



2. Any personal transactions with the Council (exclude any Council salaries and expenses)		Self	Family Member (please specify)		
Nature of transaction	<u>Value</u>		·		
		N/A	N/A		
	,				
I declare that, to the bes	t of my knowledge, t	the above information is	accurate and complete.		
Signed:					
Date:					

\*\* PLEASE RETURN SCANNED COMPLETED AND SIGNED FORMS VIA EMAIL TO \*\*

EMAIL: Nigel.Smith@bridgend.gov.uk / Jillian.Bailey@bridgend.gov.uk

Hard copy: Jill Bailey/Nigel Smith, Resources, Wing 4, Ravenscourt, Bridgend, CF31 4AP