APPENDIX A



Name: _____ (Please print)

BRIDGEND COUNTY BOROUGH COUNCIL CLOSURE OF ACCOUNTS 2019-20 DECLARATION OF RELATED PARTY TRANSACTIONS

Name of organisation	Own position in organisation	Family member position in organisation
g: 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>		
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: <u>Eilish.Thomas@bridgend.gov.uk</u> / <u>Jillian.Bailey@bridgend.gov.uk</u>

Hard copy: Jill Bailey/Eilish Thomas, Resources, Wing 4, Ravenscourt, Bridgend, CF31 4AP