APPENDIX A



Name: _____ (Please print)

BRIDGEND COUNTY BOROUGH COUNCIL CLOSURE OF ACCOUNTS 2021-22 DECLARATION OF RELATED PARTY TRANSACTIONS

ame of organisation	Own position in organisation	Family member position in organisation
g: AN Other Consulting ervices		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>		1
transastion			
		1	
I declare that, to the best	t of my knowledge, t	he above information is	accurate and complete.
Signed:			
Date:			

DEADLINE FOR RETURN 8TH APRIL 2022

** PLEASE RETURN SCANNED COMPLETED AND SIGNED FORMS VIA EMAIL TO THE BELOW**

EMAIL: Eilish.Thomas@bridgend.gov.uk / Jillian.Bailey@bridgend.gov.uk