

AASB 124 RELATED PARTY DISCLOSURES DATA COLLECTION FORM – STAFF DESIGNATED KMP

Form For The Reporting Period: 1 July 20XX to 30 April 20YY

Key Management Personnel (KMP) are requested to complete this Form for the purpose of financial statement disclosures. This includes Directors-General, Chief Executive Officers, and other staff designated by their Director-General or Chief Executive Officer as KMP of ACT Government controlled entities. The provision of this information is on a voluntary basis.

The Form requires details of related party transactions undertaken with ACT Government controlled entities for which you are a KMP. Please refer to the accompanying Guidance Booklet when completing this Form.

KMP are requested to complete this Form for the period 1 July 20XX to 30 April 20YY each financial year.

1 May 20YY to 30 June 20YY (for example, 1 May 2019 to 30 June 2019)

For any changes in disclosures during the period 1 May 20YY to 30 June 20YY, you as Key Management Personnel are requested to submit an updated Data Collection Form by 7 July 20YY.

The Data Collection Form and the accompanying documents are also available electronically at <http://apps.treasury.act.gov.au/accounting/related-party-disclosures>

Privacy Statement

Information collected by the ACT Government is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*.

The purpose of related party disclosures is to help users of financial statements understand the impacts of significant related party transactions on an ACT Government controlled entity's financial results. The information collected will form the basis of an entity's disclosures in relation to related party transactions in its financial statements.

Collection, storage, use and disclosure of information contained in this document is governed by the *Information Privacy Act 2014* and the *Freedom of Information Act 1989*. It may be disclosed in whole or in part, individually or collectively, as part of the financial statements of a controlled entity and it may be otherwise disclosed as required or authorised by law. The release of any collected related party information, in response to a request under the *Freedom of Information Act 1989*, will be assessed in accordance with that Act.

For Assistance when Completing this Form Contact:

Financial Reporting and Framework (FRF) Branch, Finance and Budget Group (FBG)
Chief Minister, Treasury and Economic Development Directorate

Data Collection Form

SECTION 1 YOUR DETAILS

1.1 FULL NAME

1.2 ROLE(S)

1.3 NAMES OF ACT GOVERNMENT CONTROLLED ENTITY(S) THAT YOU ARE KMP OF

SECTION 2 YOUR INTERESTS, DETAILS OF CLOSE FAMILY MEMBERS, AND THEIR INTERESTS IN ENTITIES

2.1 YOUR INTERESTS

Provide details of organisations in which you have controlling interests:

Names of organisations in which you have controlling interests (individually or jointly)	Percentage of Shareholding	ABN or ACN of Organisation

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS AND THEIR CONTROLLING INTERESTS AND /OR EMPLOYMENT DETAILS

Please refer to the accompanying Guidance Booklet to understand who is included in close family members.

Provide full Name(s) of all close family members 18 years or older	Close family member's relationship to you	Employment details of close family members employed at an Executive Level in the ACT Government controlled entity/entities in which you are KMP (including their position(s); and type of employment); and any involvement that you may have had in their appointment (if applicable).	Names of organisations/entities in which your close family members have controlling interests and details (including the name of the organisation and percentage of shareholding).	ABN or ACN of entity listed

SECTION 3 ASSESSMENT

If you are a Director-General or Chief Executive Officer or other staff designated as KMP of an ACT Government controlled entity(s), did you or your close family members and/or organisations where there is controlling interest, listed in **SECTION 2** or your close family members less than 18 years of age (whose names are not listed in **SECTION 2**) have any of the following related party transactions with the ACT Government controlled entity(s) that you are KMP of (as listed in 1.3)?

Questions	Answer Yes or No
3.1 Purchases and sales of goods (finished or unfinished) from/ to the ACT Government controlled entity? *	
3.2 Purchases or sales of property and other assets from/ to the ACT Government controlled entity? *	
3.3 Rendering or receiving of services to/from the ACT Government controlled entity? *	
3.4 Leases to/ from the ACT Government controlled entity? *	
3.5 Transfers of research and development, transfers under licence agreements and transfers under finance arrangements (including loans and equity contributions in cash or in kind) to/ from the ACT Government controlled entity?	
3.6 Ex-gratia payments or grants or subsidies received/given from/to the ACT Government controlled entity?	
3.7 Guarantees, indemnities or collateral received from/given to the ACT Government controlled entity?	
3.8 Receive/provide voluntary work from/to the ACT Government controlled entity?	
3.9 Commitments to do something which is contingent upon whether an event occurs or does not occur in the future, with the ACT Government controlled entity?	
3.10 Settlement of liabilities on behalf of the ACT Government controlled entity or by the ACT Government controlled entity on behalf of that related party?	
3.11 Any debts forgiven or partially forgiven by the ACT Government controlled entity?	
3.12 Memberships in a governing body of the ACT Government controlled entity?	
3.13 Receipt of dividend income or payment of dividends to the ACT Government controlled entity?	
3.14 Receipt/recognition of entitlement of interest income for or incurrence of interest expense to/from the ACT Government controlled entity?	
3.15 Other related party transactions?	

Note: The table above is not an exhaustive list of transactions.

* For items 3.1 to 3.4 a threshold of \$10,000 (including GST) applies unless the transaction is otherwise significant by nature. Accordingly, details of these transactions need to be provided in **SECTION 4** where the total value of the transaction is greater than or equal to \$10,000 (including GST).

Details of transactions that may individually be below the threshold but which in total accumulate to more than \$10,000 (including GST) also need to be provided.

Transactions significant by nature are also requested to be disclosed even if they are below the threshold. A transaction may be significant by nature where there is potential for influence and potential benefits to related parties or where it could change the strategic direction of the entity or influence the policies and operations of the entity.

Details of all other transactions listed in the above table (items 3.5 to 3.15) need to be provided regardless of the amount of the transaction.

Typical citizen transactions are not included in related party transactions and are not required to be disclosed in this form.

- If you answered “No” to ALL questions please go to **SECTION 5** and then **SECTION 6**.
- If you answered “Yes” to any question 3.1 to 3.15 please go to **SECTION 4**.

AASB 124 Related Party Disclosures: Data Collection Form – Staff Designated KMP
1 July 20XX to 30 April 20YY – Continued

SECTION 4 TRANSACTION DETAILS

Please provide details of related party transactions with ACT Government controlled entity(s) that you are KMP of. The below two entries are example entries only and can be deleted.

Insert Name of the ACT Government Controlled Entity you are KMP of here. Complete a separate Transactions Details page for each reporting entity you are KMP of.							
Nature of transaction	Nature of relationship between the counterparty and you	Name of counterparty (include ABN details)	Details of transaction	Total value of transactions incurred for the year ended 30 June 20YY (GST included)	Outstanding balances as at 30 June 20YY	Committed amount as at 30 June 20YY to be incurred in the following years	Terms and conditions (including KMP involvement in any aspect of the transaction and whether terms were more or less favourable than in an arm's length transaction)
Provision of Services	A company wholly owned by my son (full name of son) provided consultancy services to the Entity *	Spencer & Jeffrey Consultancy Company Pty Ltd (ABN:12 345 345 345)	Provision of IT consultancy service to the Entity *	\$300,000	\$50,000 prepayment by the Entity *	IT consultancy service of \$50,000 will be provided to the Entity * in the following year.	<ul style="list-style-type: none"> • Open tender • Unsecured • Settlement by bank transfer
Provision of Services	A company owned by my wife (full name of wife) and myself provided technology support for the Entity *	Golden Age Technology Company Pty Ltd (ABN:13 567 567 567)	Sale of software licences to the Entity *	\$570,000	\$10,000 payable by the Entity * to Golden Age Technology Company Pty Ltd	The contract was renewed for a further year for \$570,000	<ul style="list-style-type: none"> • Unsolicited proposal • Unsecured • Settlement by bank transfer

Please note that entities are also required under AASB 124 to disclose any provisions for doubtful debts and bad debt expenses associated with the declared related party transactions. Such information will need to be retrieved from the entity's own financial system, rather than from the declaration form of the KMP.

* Entity of which you are the KMP as listed in Section 1.3.

SECTION 5 ADDITIONAL INFORMATION

Please provide any other relevant information in this section, including any reason why related party transactions have not been disclosed or you consider have been withheld from you.

SECTION 6 DECLARATION

Please read and sign the declaration below after completing this form.

- I declare that, to the best of my knowledge, all of the information associated with me and my interests, recorded in this Form (including any attachments) is a complete and accurate record of the matters set out in it.
- I declare that I have made enquiries of my close family members and to the best of my knowledge, all of the information recorded in this Form (including any attachments) is an accurate record of those enquiries.
- I understand that I have been requested to submit an updated Form for the period 1 May 20YY to 30 June 20YY, by 7 July 20YY, where any information recorded in my last completed Form changes for this period.
- I have read and understand the Guidance Booklet for Staff designated as KMP.
- I have informed my close family members about the purpose of this Form and the content of the information about them that I have recorded in this Form.
- I have provided my close family members a copy of the Notification to Close Family Members of Staff designated as KMP.
- I understand that this information is only collected for the purpose of preparing disclosures in the notes to the financial statements of the ACT Government controlled entity(s) that I am KMP for, and the Consolidated Financial Statements of the ACT Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Chief Minister, Treasury and Economic Development Directorate (to prepare the Consolidated Financial Statements of the ACT Government and where relevant, its own financial statements).
- Where information in the draft disclosure can be identified as concerning me and/or my close family member(s), I acknowledge the draft disclosure will be provided to me and that I will have the opportunity to review the information and provide consent.
- I understand that the collected information is potentially subject to access under the *Freedom of Information Act 1989*, and that any request will be assessed in accordance with that Act.
- I understand that the information provided is subject to audit by the ACT Auditor-General.

Your Signature:	
Date:	

SECTION 7 CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4** of this Form. Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as KMP.
- I agree to the information included in the Form to the extent it relates to me.
- I understand that this information is only collected for the purpose of preparing disclosures in the notes to the financial statements of the ACT Government controlled entity(s), and the Consolidated Financial Statements of the ACT Government.
- Where information in the draft disclosure can be identified as concerning me, I acknowledge the draft disclosure will be provided to me and that I will have the opportunity to review the information and provide consent.
- I understand that the collected information is potentially subject to access under the *Freedom of Information Act 1989*, and that any request will be assessed in accordance with that Act.
- I understand that the information provided is subject to audit by the ACT Auditor-General.

Close Family Member's Name and Relationship with the KMP:	
Close Family Member's Signature:	
Date:	

Close Family Member's Name and Relationship with the KMP:	
Close Family Member's Signature:	
Date:	