**Declaration of Related Party Information by non-Ministerial KMP**

**PART A - IDENTIFICATION OF YOUR RELATED PARTIES**

**for the period …../…../….. to …../…../…..**

*The information in this Part A will solely be used by the Queensland Audit Office to undertake its obligations under Australian Auditing Standard ASA 550 Related Parties. If this information is not obtained via this Part A, QAO may use other means to identify your related parties.*

**ONLY SIGN THE BELOW CERTIFICATE IF YOU HAVE PREVIOUSLY SUBMITTED A FULLY COMPLETED PART A AND THE DETAILS IN YOUR LAST FULLY COMPLETED PART A REMAIN CORRECT. OTHERWISE PLEASE COMPLETE THE REST OF PART A.**

**Key Management Person’s certification**

I, (print name below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(insert position title below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. declare that I have carefully read and understood this Part A and Appendices 1 and 2 (refer to separate guidance document);
2. declare that my related parties, including close family members and any entities controlled or jointly controlled by myself or a close family member (as per Appendices 1 and 2), identified in my last fully completed Part A remain accurate and complete in respect of the abovementioned timeframe; and
3. give permission for the Queensland Audit Office to continue to access my last fully completed Part A, as outlined in the privacy statement that accompanied that declaration*.*

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE REST OF PART A IF EITHER:**

* **YOU HAVE NOT PREVIOUSLY SUBMITTED A FULLY COMPLETED PART A; OR**
* **THE DETAILS IN YOUR LAST FULLY COMPLETED PART A ARE NO LONGER COMPLETE AND ACCURATE**

**Please list below any entities you control or jointly control** (*refer to Appendix 1 in separate guidance document):*

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| --- | --- | --- |
| **Relationship of close family member to you**  (*please copy more blank rows including drop-down boxes, or* *attach separate sheet, if insufficient space*) | **Name(s)** | **Name(s) of any entities that this person controlled or jointly controlled at any time during the period this declaration covers** |
|  | | |
| **"Close family members" who met that definition at any time during the period this declaration covers***(refer to the categories of “close family members” in Appendix 1 in separate guidance document). Click on the text in the rows below and choose from the drop down list supplied, if completing this Part A using Microsoft Word.* **This information is required, regardless of whether or not that person/entity was a party to a transaction/arrangement with [*insert name of agency and all controlled entities (where applicable) regardless of whether they are consolidated*]** | | |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
| My child (include children-in-law, step-children etc) |  |  |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
| Select relationship to you |  |  |
|  | | |
| **Did you have any other family members who may influence, or be influenced by, you at any time during the period this declaration covers?** If so, please also complete the details in each column below *(refer to Appendices 1 and 2 in separate guidance document)*: | | |
|  |  |  |
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|  |  |  |
|  |  |  |

**Key Management Person’s certification**

I, (print name below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(insert position title below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. declare that I have carefully read and understood this Part A and Appendices 1 and 2 (refer to separate guidance document);
2. declare that I have listed all my related parties (as per Appendices 1 and 2) that existed at any time during the period that this declaration covers, including close family members and any entities controlled or jointly controlled by myself or a close family member;
3. declare that, to my knowledge, the information provided in this Part A is accurate and complete;
4. declare that where I have provided information about a related party, I have advised that related party that I have declared information about them, the purposes for which that information will be used, and who may review that information (as per the below privacy statement); and
5. give permission for the disclosure of the information provided in this Part A to the Queensland Audit Office, as outlined in the below privacy statement*.*

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privacy Statement – The main purposes of the collection of information via this Part A are to assist in:

* the preparation of financial statements in accordance with Australian Accounting Standard AASB 124 *Related Party Disclosures*; and
* the audit of those financial statements in accordance with Australian Auditing Standard ASA 550 *Related Parties*.

The collection of personal information on this Part A is authorised by the *Financial Accountability Act 2009*.

Information collected via this Part A will be disclosed to the **[*insert names of entities that may be provided with copies of completed Part A*]**, officers of the Queensland Audit Office and/or other authorised auditors under the *Auditor-General Act 2009* for the purposes of auditing the financial statements. The Queensland Auditor-General may disclose certain information collected via this form to the Crime and Corruption Commission, as permitted by the *Auditor-General Act 2009*. The personal information collected via this form will not be disclosed to third parties, other than those mentioned above, unless with consent or as authorised or required by law.