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BANANA SHIRE COUNCIL

COUNCILLOR GIFT AND SPONSORED HOSPITALITY BENEFITS DECLARATION FORM

(Including COUNCIL RELATED SPONSORED HOSPITALITY BENEFIT)

DATE	(af Descipt of Office Occupand Heavitality Descript)
RECIPIENT Name:	(of Receipt of Gift or Sponsored Hospitality Benefit)
Position / Title:	
Relationship to Councillor (if a related person)	,
GIFT OR SPONSORED HOSP	ITALITY BENEFIT
Details	
3 	Market Value: \$(or estimated value if market value is not known)
DONOR	
Name:	
Address:	
Contact Person) (if Donor is a Company/other O	rganisation)
Contact Details (Phone/Ema	ail)
REASON OR RELEVANT CIRC	
SIGNATURE:	DATE:
	is form to the Chief Executive Officer eipt of the gift or sponsored hospitality benefit

IMPORTANT

If

- > a Gift is valued over \$500 or
- > a Sponsored Hospitality Benefit of ANY VALUE is received other than in an official capacity

Councillors and Related Persons must also submit a Local Government Department Register of Interests Form (Form 1 or Form 2) under Schedule 5 of the *Local Government Regulation 2012*.