



FORM FOR DISCLOSURE OF RELATED PARTY TRANSACTIONS



KEY MANAGEMENT PERSONNEL

This form has been designed and issued by NBAA for the purpose of making sure that every transaction done by an entity with related parties are adequately disclosed and thus provide users of financial statements with adequate information for decision making.

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or non-executive) of that entity.

Close members of the family of a person are those family members who may be expected to influence, or be influenced by, that person in their dealings with the entity and include:

- (a) A spouse, domestic partner, dependent child, or relative living in a common household;
- (b) A grandparent, parent, nondependent child, grandchild, brother, or sister; and
- (c) A spouse or domestic partner of a child, a parent-in-law, a brother-in-law, or a sister-in-law.

(To be filled by the member of the Key Management Personnel)

Name of individual filling the form: Name of the Reporting Entity: Reporting period for the year ended:
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	Relation with the Reporting Entity	Tick as appropriate
a.	Trustee/Non-Executive Director/member of Governing Board	<input type="checkbox"/>
b.	Chief Executive Officer	<input type="checkbox"/>
c.	Member Senior Management Team	<input type="checkbox"/>
d.	Advisor	<input type="checkbox"/>

Please answer the following questions as appropriate

I. Have you entered into any transaction (trading activities) with for the year under review? [**Mention name of the reporting entity**]

 Yes

 No

If, Yes, Please give details as follows:

S/N.	Nature of transaction	Value in TZS	How obtained (competitive/others)

II. Are you a Trustee/ Director/Governing Board of other entities?

 Yes

 No

If, Yes, Please give details as follows:

S/N.	Entity	Position in the entity	Relationship with Reporting entity	Transactions with reporting entity	Value of transaction TZS

III. Do you have a **close member of your family** who transacts with reporting entity?

 Yes No

If, Yes, Please give details of the transactions as follows:

S/N.	Relative Name	Type of relationship	Nature of transaction	Value TZS	How secured (competitive/others)

IV. Do you have business transactions with the reporting entity where you possess interests in the form of a company, partnership, joint venture, associate or as a sole trader?

 Yes No

If, Yes, Please give details of the transactions as follows:

S/N.	Name of Interests	Nature of interest	Nature of transaction	Value TZS	How secured (competitive/others)

Declaration:

I being a Key Management Personnel of the reporting entity confirm that to best of my knowledge and belief the information provided above is true and correct.

Signature of Key Management Personnel:

Position held in the reporting Entity:

Date: