

SCHEDULE OF DOCUMENTS

Schedule of documents				
Document No	Page numbers	Document description	My decision	Exemption(s)
1	1	Australian War Memorial Council – Conflicts of Interest Register	Full release	N/A
1	1	Annexure B – Conflict of Interest (Question 10) – Stokes, Kerry Matthew	Full release	N/A
3	55	AASB 124 Return Checklist 2020-21 (Financial Statements) and Individual Declarations 2020-21	Part- release	Section 22 and Section 47F

Australian War Memorial Council - Conflicts of Interest Register			
Member	Date	Comment	Actions taken
Kerry Stokes	5/01/2021	Mr Stokes declared that he/his family may have indirect financial interests or be employed by companies which may have dealings with, or an interest in decisions of the Australian War Memorial, including: 1. Seven West Media Limited, the owners for the West Australian Newspaper and Channel 7 television stations. 2. Seven Group Holdings Limited, the owners of Coates Hire and WesTrac (Caterpillar Franchise). The Stokes family would take no part in any such dealings or decisions in order to manage the potential conflict of interest.	Noted
Ms Sharon Bown	1/05/2021	Ms Bown declared a conflict of interest related to the Lieutenant Colonel Vivian Bullwinkel sculpture advising Council that she is: <ul style="list-style-type: none"> • a Fellow of the Australian College of Nursing (ACN); • a member of the Memorial's Vivian Bullwinkel sculpture advisory group; and • a member of the ACN's Vivian Bullwinkel Sculpture Fund-raising Committee. 	Recorded in the minutes.
Ms Sharon Bown	22/05/2020	Ms Bown was appointed as a Parent Member of the Red Hill Primary School Board on 5 May 2020. Ms Bown stated that she did not believe that this appointment presented an actual or potential conflict of interest as a Member of the Council of the Australian War Memorial, and would provide further advice if an actual or potential conflict of interest arose. No such conflict of interest has arisen.	Noted
Ms Sharon Bown	22/05/2020	Ms Bown was appointed as the National Vice President of the Air Force Association 20 May 2020. This appointment ceased on 11 May 2021. No AWM Council business arose during her tenure that presented an actual conflict of interest.	Noted
Ms Sharon Bown	30/08/2019	Ms Bown was appointed as Ambassador to Phoenix Australia, Centre for posttraumatic mental health on 5 July 2019. Ms Bown has noted that should Council business arise, that associates with Phoenix Australia, she will declare this at the Council meeting.	Noted

ANNEXURE B – Conflict of Interest (Question 10)**STOKES, Kerry Matthew**

The Stokes family may have indirect financial interests or be employed by companies which may have dealings with, or an interest in decisions of the Australian War Memorial.

Those companies are:

1. Seven West Media Limited, the owners of the West Australian Newspaper and Channel 7 television stations.
2. Seven Group Holdings Limited, the owners of Coates Hire and WesTrac (Caterpillar Franchise)

The Stokes family would take no part in any such dealings or decisions in order to manage the potential conflict of interest.

05/01/2022

**AASB 124 RETURN CHECKLIST
2020-21 FINANCIAL STATEMENTS**

NAME	DATE RECEIVED	INTERESTS	ABN	TRANSACTIONS OF INTEREST IDENTIFIED [SECTION 3]	RELATED PARTIES IMPLICATIONS
Mr Kerry Stokes AC	14/07/2021	Seven Group Holdings Limited WesTrac Pty Ltd AllightSykes Pty Ltd SGH Energy Pty Ltd Coates Group Holdings Pty Ltd Network Investment Holdings	46 142 003 469 63 009 342 572 35 053 434 807 64 058 818 278 85 126 069 341 50 078 448 512	No	Nil
Wing Commander Sharon Bown (Ret'd)	10/06/2021	Nil		No	Nil
Lieutenant General Rick Burr AO DSC MVO	20/05/2021	Nil		No	Nil
Air Marshal Melvin Ernest Glanville Hupfeld AO DSC	18/05/2021	Nil		No	Nil
Vice Admiral Michael Noonan AO RAN	11/06/2021	Nil		No	Nil
Corporal Daniel Keighran VC	25/05/2021	Nil		No	Nil
Mr Anthony John Abbott	21/06/2021	Nil		No	Nil
Mr James Francis McMahon DSC, DSM	17/05/2021	Nil		No	Nil
Major General Aziz Gregory Melick AO RFD FANZCN SC (Ret'd)	21/05/2021	National President, Returned and Services League (RSL) of Australia		Yes	Nil - No ability to control strategic direction or influence policies/operations of RSL Australia - All transactions with RSL Australia are conducted in line with internal Memorial policies and procedures and are in the same manner as ordinary citizens - No transactions above \$50K threshold identified
Ms Josephine Gabriella Stone AM	9/06/2021	Spouse - Employee (National Recovery and Resilience Agency)		No	Nil
Colonel Susan Josephine Neuhaus CSC (Ret'd)	20/05/2021	Department of Defence Independent Assurance Reviewer Capability, Acquisition and Sustainability Group (CASG)	68 706 814 312	Yes	Nil - No ability to control strategic direction or influence policies/operations of Department of Defence - All transactions with the Department of Defence conducted in line with internal Memorial policies and procedures and in the same manner as ordinary citizens - Only transaction in excess of \$50K related to the \$1.2 million in funding received from the Department of Defence for the Sufferings of War and Service Memorial as per the signed grant agreement ~ Transaction has been assessed as not a related party transaction requiring disclosure therefore no further action required



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM

For the Reporting Period: 1 July 2020 to 30 June 2021

Please complete this form, then print and sign the declaration
Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Kerry Matthew Stokes

1.2 POSITION TITLE

Chairman

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
Seven Group Holdings Limited Group including consolidated entities:	46 142 003 469	57.1%
WesTrac Pty Limited	63 009 342 572	
AllightSykes Pty Limited	35 053 434 807	
SGH Energy Pty Limited	64 058 818 278	
Coates Group Holdings Pty Limited	85 126 069 341	
Network Investment Holdings	50 078 448 512	



2.2 DETAILS BOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
N/A			

SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	YES
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	NO
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	NO
3.4 Receive grants and loans from a Commonwealth controlled entity?	NO
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	NO
3.6 Receive guarantees from any Commonwealth controlled entity?	NO
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	NO
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	YES
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	NO
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)
Nil transactions > \$50,000				

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION



Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

Information provided is in relation to transactions with the Australian War Memorial only.

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	13 July 2021 



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Sharon Amanda Bown

1.2 POSITION TITLE

Member, Council of the Australian War Memorial

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	
3.4 Receive grants and loans from a Commonwealth controlled entity?	
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	
3.6 Receive guarantees from any Commonwealth controlled entity?	
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

I have no relevant interests to declare.

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	[Redacted Signature]
Date:	10/06/2021



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

RICHARD BURR

1.2 POSITION TITLE

CHIEF OF ARMY

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
N/A		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
N/A			

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	NO
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	NO
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	NO
3.4 Receive grants and loans from a Commonwealth controlled entity?	NO
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	NO
3.6 Receive guarantees from any Commonwealth controlled entity?	NO
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	NO
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	NO
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	NA
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)
NA				

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

n/a

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	[Redacted Signature]
Date:	19/5/21



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Melvin Ernest Glanville Hupfeld

1.2 POSITION TITLE

Chief of Air Force

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
Nil		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
Nil			

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	
3.4 Receive grants and loans from a Commonwealth controlled entity?	
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	
3.6 Receive guarantees from any Commonwealth controlled entity?	
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:		
Date:	17 May 21	



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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

Gagan Sahota

From: [REDACTED] on behalf of Chief of Navy Australia <chiefofnavy.australia@defence.gov.au>
Sent: Friday, 11 June 2021 7:30 AM
To: financial.reporting
Subject: FW: Australian War Memorial - 2020-21 AASB 124 Data Collection Form [SEC=UNOFFICIAL]
Attachments: AASB 124 2020-21 Data Collection Form.docx

UNOFFICIAL

Good morning,

Sending this as a 'nil' return.

Kind Regards,

[REDACTED]
Able Seaman Maritime Personnel Operator
Executive Assistant to VADM MJ Noonan, AO, RAN
Chief of Navy



RI-4-C007 | PO Box 7902 | Russell Offices | Russell, ACT 2600

E: ChiefofNavyAustralia@defence.gov.au

Service | Courage | Respect | Integrity | Excellence

From: Council
Sent: Wednesday, 9 June 2021 13:21
To: Chief of Navy Australia
Subject: Australian War Memorial - 2020-21 AASB 124 Data Collection Form

⚠ EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe. ⚠.

Hi [REDACTED]

I hope you are well.

Finance have informed me that the original email address they gave Council members to send the AASB forms to is incorrect.

Apologies to have to ask but would you mind resending Vice Admiral Noonan's AASB form to the following email address - Financial.Reporting@awm.gov.au

Grateful if this could be sent by COB Friday 11 June.

Many thanks and kindest regards

Sarah

Sarah Harvey

Executive Assistant to the Director

Sarah.Harvey@awm.gov.au | t 02 6243 4262

Australian War Memorial | GPO Box 345 Canberra ACT 2601 | www.awm.gov.au

Many thanks and kindest regards

Sarah

Sarah Harvey

Executive Assistant to the Director

Sarah.Harvey@awm.gov.au | t 02 6243 4262

Australian War Memorial | GPO Box 345 Canberra ACT 2601 | www.awm.gov.au

From: Council

Sent: Friday, 14 May 2021 10:58 AM

To: 'Mr Kerry Stokes AC'; 'James McMahon DSC DSM [REDACTED]'; James McMahon; 'Greg Melick'; Lawman, Sarah (T. Abbott, Former PM); 'Sharon Bown'; [REDACTED] 'Susan Neuhaus'; [REDACTED] Rhondda Vanzella; EA.CAF; EA.OCA; Chief of Navy Australia

Cc: [REDACTED]

Subject: Australian War Memorial - 2020-21 AASB 124 Data Collection Form

Dear Council Members,

Under Australian Accounting Standards Board 124 Related Party Disclosures (AASB 124), the Memorial is required to disclose in its annual financial statements related party information on Key Management Personnel .

Key Management Personnel are defined as: 'those persons having the authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly'.

For the purposes of AASB 124, the Memorial has defined its Key Management Personnel to include members of the Council, the Director and all Assistant Directors.

Related party information includes any transactions between the Memorial and its Key Management Personnel on terms or conditions that are not incurred in the ordinary operations of the Memorial or have occurred on terms or conditions that are different to those applying to the general public.

To assist with collating the information required for these disclosures, we would appreciate if you could complete and sign the attached data collection form and return it to the Financial Reporting Team at FinancialReportingTeam@awm.gov.au by Friday 28 May 2021. Or alternatively, please provide your complete collection form via return email to me at Council@awm.gov.au .

Please note that the information collected by the Memorial through the data collection form is for the sole purpose of compliance with the requirements of AASB 124. Collection, storage, use and disclosure of information in this form is governed by the Privacy Act 1988 and the Freedom of Information Act 1982. All responses will be handled in accordance with these acts.

Warm regards,
Louise

Louise Holt
A/g Council Secretary
Australian War Memorial
Council@awm.gov.au | t 02 6243 4290
Australian War Memorial | GPO Box 345 Canberra ACT 2601 | www.awm.gov.au



This message may contain confidential information and is intended only for its recipient(s). If you have received this email by error, please delete this e-mail from your system and notify the sender immediately. E-mail transmission cannot be guaranteed to be secure. E-mail information could be intercepted, corrupted, lost, destroyed, arrive late, be incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message.



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Daniel Alan Keighran

1.2 POSITION TITLE

Council Member

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
NA		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
NA			

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	
3.4 Receive grants and loans from a Commonwealth controlled entity?	
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	
3.6 Receive guarantees from any Commonwealth controlled entity?	
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)
NA				

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION


Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

NA

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	25/05/2021



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

ANTHONY JOHN AORIT

1.2 POSITION TITLE

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
nil		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
nil			

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	No
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	.
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	.
3.4 Receive grants and loans from a Commonwealth controlled entity?	.
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	.
3.6 Receive guarantees from any Commonwealth controlled entity?	.
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	.
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	
► If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	
► If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	<i>E 17/6/21</i>



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



**AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM
FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021**

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

JAMES FRANCIS McMAHON

1.2 POSITION TITLE

COUNCIL BOARD MEMBER

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
NIL		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
		NIL	

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	
3.4 Receive grants and loans from a Commonwealth controlled entity?	
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	
3.6 Receive guarantees from any Commonwealth controlled entity?	
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

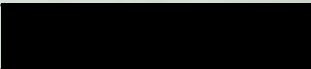
Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	17 May 21



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

AZIZ GREGORY MELICK

1.2 POSITION TITLE

COUNCIL MEMBER

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
RSL (NATIONAL PRESIDENT)		NIL

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
N/A			

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in **SECTION 2**:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	NO YES
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	NO
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	NO
3.4 Receive grants and loans from a Commonwealth controlled entity?	yes
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	NO
3.6 Receive guarantees from any Commonwealth controlled entity?	NO
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	yes
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	NO
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	yes
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

*various DVA grants but rate achieved,
President I do not control the RSL*

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION


Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	18 May 2021



**AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM
FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021**

Please complete this form, then print and sign the declaration (including close family member consent if required)
Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?
All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement
Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

JOSEPHINE GABRIELLA STONE

1.2 POSITION TITLE

COUNCIL MEMBER

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
NIL		

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation
SHANE STONE	SPOUSE	NATIONAL RECOVERY & RESILIENCE AGENCY	AUSTRALIAN GOVERNMENT

- COORDINATOR GENERAL

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).
² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	No
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	No
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	No
3.4 Receive grants and loans from a Commonwealth controlled entity?	No
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	No
3.6 Receive guarantees from any Commonwealth controlled entity?	No
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	No
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	No
► If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	No
► If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

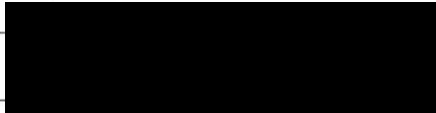
Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

NIL

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	9 / 6 / 21



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

Close Family Member's Name and Relationship with the KMP:	
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**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Susan Josephine Neuhaus

1.2 POSITION TITLE

Council Australian War Memorial

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
Department of Defence, Independent Assurance Reviewer, Capability, Acquisition, Sustainability Group (CASG)		N/A

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



--	--	--	--

SECTION 3: ASSESSMENT

For any of the organisations listed in **SECTION 2**:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	Yes
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	No
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	No
3.4 Receive grants and loans from a Commonwealth controlled entity?	No
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	No
3.6 Receive guarantees from any Commonwealth controlled entity?	No
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	No
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	No
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	No
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

See attached CV

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	20 May 2021



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM

FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

Catherine Rhondda Vanzella

1.2 POSITION TITLE

Council Member

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
State President Australian War Widows	83075914	NA
Board Director	83075914	NA
National President Australian War Widows	33257520962	NA



2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation	ABN or ACN of Organisation
		See list attached	

SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	No
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	No
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	No
3.4 Receive grants and loans from a Commonwealth controlled entity?	Yes
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	No
3.6 Receive guarantees from any Commonwealth controlled entity?	No
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	No
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	No
► If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	No
► If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature²**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)



SECTION 5: ADDITIONAL INFORMATION

Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	16th June



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 AuditorGeneral.

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

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



AASB 124 RELATED PARTY DISCLOSURE DATA COLLECTION FORM FOR THE REPORTING PERIOD: 1 JULY 2020 TO 30 JUNE 2021

Please complete this form, then print and sign the declaration (including close family member consent if required)

Scan the signed copy and send it to: financial.reporting@awm.gov.au

Who needs to complete this Form?

All Key Management Personnel (KMP) must complete this form, even if it is a 'nil' return, for the purpose of Financial Statement disclosures. This includes individuals within the Memorial that have the authority and responsibility for planning, directing and controlling the activities of the Memorial, either directly or indirectly. This includes Members of Council, the Director and Assistant Directors.

Privacy Statement

Information collected by the Memorial is for the purpose of compliance with the requirements of the Australian Accounting Standard AASB 124 *Related Party Disclosures*. Collection, storage, use and disclosure of information in this form is governed by the *Privacy Act 1988* and the *Freedom of Information Act 1982*. It may be released as required by law.

SECTION 1: YOUR DETAILS

1.1 FULL NAME

GLENN KEYS

1.2 POSITION TITLE

Director

SECTION 2: YOUR INTERESTS AND DETAILS OF CLOSE FAMILY MEMBERS AND THEIR INTERESTS

2.1 YOUR INTERESTS

Please provide details of all organisations, that transacted with any Commonwealth controlled entity, in which you have controlling interests (individually or jointly):

Name of Organisation	ABN or ACN of Organisation	Percentage of Shareholding
Aspen Medical	32105250413	100%

2.2 DETAILS ABOUT YOUR CLOSE FAMILY MEMBERS¹ AND THEIR CONTROLLING INTERESTS AND / OR EMPLOYMENT DETAILS

Full Name	Relationship to you	Name of Organisation ²	ABN or ACN of Organisation

¹ Include current spouse or domestic partner, your spouse's/domestic partner's children over 16 years of age and other dependants (including those of your spouse or domestic partner).

² Provide name(s) of organisations in which your close family members have controlling interests and details (such as percentage of shareholding), and provide employment details of close family members within Commonwealth controlled entities (including their position(s) and type of employment).



SECTION 3: ASSESSMENT

For any of the organisations listed in SECTION 2:

Did your organisation(s)	Answer Yes or No
3.1 Provide goods or services to a Commonwealth controlled entity?	Y
3.2 Have memberships in a governing body of a Commonwealth controlled entity?	N
3.3 Purchase/sell/transfer/lease assets from/to a Commonwealth controlled entity?	N
3.4 Receive grants and loans from a Commonwealth controlled entity?	N
3.5 Have debts forgiven/partially forgiven by any Commonwealth controlled entity?	N
3.6 Receive guarantees from any Commonwealth controlled entity?	N
3.7 Receive/provide voluntary work from/to any Commonwealth controlled entity?	N
3.8 Undertake any of the transactions listed in 3.1 to 3.7 with for-profit entities?	Y
▶ If your answer is "No" to ALL questions from 3.1 to 3.8, please go to Section 5.	
3.9 Were there any transactions greater than or equal to \$50,000 (ex GST) or that were significant by nature ³ ?	Y
▶ If your answer is "Yes" to Question 3.9, then please go to Section 4.	

SECTION 4: TRANSACTION DETAILS

- For items 3.1 to 3.8 above, please provide details of all transactions that are **greater than or equal to \$50,000 (ex GST) and/or considered significant by nature³**.
- All guarantees, irrespective of the amount, are deemed to be significant by nature.
- Common citizen transactions are not required to be disclosed.

Type of Transaction	Legal Name(s) of Person/Organisation	ABN or ACN of Organisation	Name(s) of Commonwealth Controlled Entities with which transactions were undertaken	Total value of transaction (ex GST)
	Health Services Aspen Medical		DoH.	

³ Transactions are 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. These are also required to be disclosed even if they are below \$50,000 (ex GST).



SECTION 5: ADDITIONAL INFORMATION


Please provide any other relevant information in this Section, including reasons why any transactions have not been disclosed or have been withheld by you.

--

SECTION 6: DECLARATION

Please read and sign the declaration below.

- I declare that, to the best of my knowledge, all of the information recorded in this form (including any attachments) is a complete and accurate record of the matters set out in it.
- I have informed my close family members about the purpose of this form and the content of any information about them that I have recorded in this form. I have provided them with a copy of the related party collection statement brief and the notification document prepared specifically for close family members, so they understand the process.
- I understand that this information is only collected for the purpose of preparing the Financial Statements of Commonwealth controlled entities, including the Consolidated Financial Statements of the Australian Government.
- I further understand that, for this purpose, it is necessary for the collected information to be used by the Department of Finance (to prepare the Consolidated Financial Statements of the Australian Government and, where relevant, its own Financial Statements) and, where relevant, to be disclosed by the Department of Finance to other Commonwealth entities to prepare their own Financial Statements.
- The information provided is subject to audit by the Auditor-General.
- I certify that all information in the electronic submission and signed copy are identical.

Your Signature:	
Date:	6/7/21



SECTION 7: CONSENT FROM EACH CLOSE FAMILY MEMBER

To be completed by each close family member whose information is included in **SECTION 4**.

Please read and sign the declaration below.

- I have read and understand the Notification to Close Family Members of Staff designated as Key Management Personnel (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 Australian War Memorial, and the Consolidated Financial Statements of the Commonwealth.
- 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 Auditor-General.

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

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