

TOQUAHT NATION GOVERNMENT


Enacted under the Integrity Act section 7.1

DISCLOSURE FORMS REGULATION

TNR 2/2011



This regulation enacted on April 1, 2011

Signed 
Anne Mack, Tyee Ha'wilth of the
Toquaht Nation

DEPOSITED IN THE
REGISTRY OF LAWS

ON 01 / 04 / 2011



Signature of Law Clerk

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PART 1 - INTRODUCTORY PROVISIONS

Short title

1.1 This regulation may be cited as the Disclosure Forms Regulation.

Application

1.2 This regulation prescribes

- (a) the form of disclosure statements under sections 4.1, 4.3 and 4.4 of the Act, and
- (b) the dollar value that gifts or personal benefits received by a Toquaht government representative as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of his or her position must exceed before they have to be disclosed in accordance with section 4.4 of the Act.

Definitions

1.3 In this regulation,

“Act” means the Integrity Act;

“disclosure statement” means a form of disclosure statement prescribed under this regulation and includes any attachments to the disclosure statement.

PART 2 - PRESCRIBED MATTERS

Prescribed forms

- 2.1**
- (a) The Form numbered DCS-1 in Schedule 1 is prescribed for the purposes of section 4.1 the Act.
 - (b) The Form numbered DCS-2 in Schedule 2 is prescribed for the purposes of section 4.3 of the Act.
 - (c) The Form numbered DCS-3 in Schedule 3 is prescribed for the purposes of section 4.4 of the Act.
 - (d) A disclosure statement that is
 - (i) a private interests disclosure statement must be in Form DCS-1,
 - (ii) a supplemental disclosure statement must be in Form DCS-2, and
 - (iii) a disclosure statement for gifts and personal benefits must be in Form DCS-3.
 - (e) Every disclosure statement must be executed and competed in compliance with
 - (i) the Act,
 - (ii) this regulation, and
 - (iii) the instructions on Form DCS-1, DCS-2 or DCS-3, as applicable.

Prescribed value

- 2.2** A value of \$500 is prescribed for the purposes of section 4.4 of the Act.

PART 3 - COMPLETION OF DISCLOSURE STATEMENTS

Completion of disclosure statements

- 3.1**
- (a) Every disclosure statement, including any attachments, must be on durable paper 27.9 cm x 21.5 cm in size.
 - (b) Every disclosure statement must be completed
 - (i) by printing or typing in legible characters of 10 or 12 pitch, but not smaller than 12 point, and
 - (ii) by printing or typing in black or dark ink that is compatible for electronic scanning, optical character recognition or micrographic technology of the kind used in the Toquaht administration office.
 - (c) The name of an individual on a disclosure statement must be the individual's full legal name, being the individual's first name, middle name(s) and last name, without the use of initials or nicknames.
 - (d) The name of an entity on a disclosure statement must, if the entity is incorporated, be the name of the entity as it appears in the applicable corporate registry.
 - (e) An abbreviation of any word on a disclosure statement must not be used unless
 - (i) the abbreviation is permitted by the chief administrative officer, and
 - (ii) the abbreviation does not obscure the meaning, intent or legal effect of the disclosure statement.
 - (f) Every disclosure statement must be in the English language.

SCHEDULE 1 - FORM OF DISCLOSURE STATEMENT – PRIVATE INTERESTS

| | | |
|--|--|---|
| <p>TOQUAHT NATION</p> <p>Integrity Act Department of Community Services Form DCS-1</p> <p>DISCLOSURE STATEMENT – PRIVATE INTERESTS</p> |  | <p>Date received:</p> <p><i>(for Department of Community Services use only)</i></p> |
|--|--|---|

| | |
|---|--|
| A. PERSONAL INFORMATION | |
| <p>Name of Toquaht government representative making this disclosure statement:</p> | |
| <p>Name of spouse:</p> | |
| <p>Names of sons and daughters:</p> | |
| <p>Names of parents:</p> | |
| <p>Names of siblings:</p> | |

DEFINITIONS:

“immediate family” has the meaning given to that term in the Integrity Act;

“spouse” has the meaning given to that term in the Interpretation Act; and

“Toquaht government representative” has the meaning given to that term in the Interpretation Act.

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DECLARATION:

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

Signature

Date

SCHEDULE 2 - FORM OF DISCLOSURE STATEMENT – SUPPLEMENTAL

| | | |
|---|--|--|
| <p>TOQUAHT NATION</p> <p>Integrity Act Department of Community Services Form DCS-2</p> <p>DISCLOSURE STATEMENT – SUPPLEMENTAL</p> |  | <p>Date received:</p> <p><i>(for Department of Community Services use only)</i></p> |
|---|--|--|

| A. PERSONAL INFORMATION | |
|---|--|
| Name of Toquaht government representative making this disclosure statement: | |
| Name of spouse: | |
| Names of sons and daughters: | |
| Names of parents: | |
| Names of siblings: | |

DEFINITIONS:

“immediate family” has the meaning given to that term in the Integrity Act;

“spouse” has the meaning given to that term in the Interpretation Act; and

“Toquaht government representative” has the meaning given to that term in the Interpretation Act.

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DECLARATION:

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

Signature

Date

SCHEDULE 3 - FORM OF DISCLOSURE STATEMENT – GIFTS AND PERSONAL BENEFITS

| | | |
|--|--|--|
| <p>TOQUAHT NATION</p> <p>Integrity Act Department of Community Services Form DCS-3</p> <p>DISCLOSURE STATEMENT – GIFTS AND PERSONAL BENEFITS</p> |  | <p>Date received:</p> <p><i>(for Department of Community Services use only)</i></p> |
|--|--|--|

(Note: Please file a separate disclosure statement for each gift or personal benefit received as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of your position)

| | | | |
|---|--|----------------------|--|
| <p>Name of Toquaht government representative making this disclosure statement:</p> | | | |
| <p>Description of the gift or personal benefit:</p> | | | |
| <p>Name of the person the gift or personal benefit was received from:</p> | | | |
| <p>Date Received:</p> | | <p>Value:</p> | |

DECLARATION:

I hereby swear or affirm that the information in this public disclosure statement is accurate and complete to the best of my knowledge.

Signature

Date