This form is made pursuant to Management of Conflict of Interest Order No. **TCAA/O/CS/31**

SECTION A: STAFF INFORMATION

Full Name ..... Position..... PF No.....

Directorate ..... Section .....

SECTION B: GIFT DETAILS

1. Description of the Gift .....
2. Estimated Value (in TZS or equivalent) .....
3. Name and affiliation of Gift Giver (Individual/Organization name and their relationship to TCAA duties) .....
4. Occasion/Reason the Gift was given to the Staff (e.g., official visit, meeting, conference, holiday gesture).....

SECTION C: STAFF DECLARATION

I declare that the information provided above is true and complete. I understand that I have the obligation to submit this declaration in accordance with TCAA's Conflict of Interest Order. I agree to comply with the applicable policies regarding the handling, return, or transfer of the gift.

Staff Signature: ..... **Date:**.....

SECTION D: REVIEW AND RECOMMENDATIONS (Has to recommend whether to Accept, Return or Transfer to Authority)

PART I: Recommendation and Reason .....

Signature: ..... Date:..... (To be filled by respective Chief)

PART II: Recommendation and Reason .....

Signature: ..... Date:..... (To be filled by Director Safety Regulation)

PART III: Recommendation and Reason .....

Signature: ..... Date:..... (To be filled by Director Corporate Services)

SECTION E: APPROVAL (To be filled by Director General/Delegated Staff)

Recommendation is ..... **(granted /not granted)**

Comments (If Any): .....

Name ..... Position..... Signature: ..... Date:.....