



SUBMISSION FORM

PROPOSED TREASURY MANAGEMENT POLICY 2016

**Submissions close at
12 noon on
19 February 2016**

**Return this form, or send your
written submission to:**

Proposed Treasury
Management Policy
Rangitikei District Council
Private Bag 1102
Marton 4741

Email: info@rangitikei.govt.nz

Fax: (06) 327 6970

Any questions phone:

Katrina Gray

Policy Analyst/Planner

0800 422 522

Oral submissions

Oral submissions will be held at the Marton Council Chambers on 29 February 2016. I wish to speak to my submission

Ten minutes are allowed for you to speak, including questions from Elected Members. If you have any special requirements, such as those related to visual or hearing impairments, please note them here:

Privacy

All submissions will be public, please tick this box if you would like your name withheld

Name: _____

Organisation: *(if applicable)* _____

Phone: _____

Property address: _____

Postal address: _____

Email: _____

Question 1: Do you think the Proposed Treasury Management Policy is clear, unambiguous and easy to understand?

Agree

Disagree

Comment:

Question 2: Are you generally supportive of Section - 2 Scope and Objectives (pg.4-5) & Section - 3 Governance and Management Responsibilities (pg.6-8) of the Policy?

Agree

Disagree

Comment:

Question 3: Are you generally supportive of Section 4 -Liability Management (pg.9-12) of the Policy?

Agree

Disagree

Please complete the remaining questions on the reverse side of this page.

Comment:

Question 4: Are you generally supportive of Section 5 - Investment (pg.13-16) of the Policy

- Agree Disagree

Question 5: Are you generally supportive of Section 6 - Risk Recognition / Identification Management (pg.17-22) of the Policy?

- Agree Disagree

Question 6: Are you generally supportive of Section 7 - Measuring Treasury Performance (pg.23), Section 8 - Cash Management (pg.24), & Section 9 - Reporting (pg.25), of the Policy?

- Agree Disagree

Question 7: Please use the space below if you wish to make further comments to Council on the Proposed Treasury Management Policy.

Attach additional information or pages if necessary

Signed: _____ Date: _____

Thank you for completing the submission form.