**Form for reporting receipt of gifts and gifts according to the No Gift Policy**

**From performing duties for organizations: fiscal year 2024**

** 6 month cycle  12 month cycle**

**Form for reporting receipt of gifts and gifts according to the No Gift Policy**

**Name of organization............................................................................**

**Fiscal year 2024**

Report on the results of driving according to the No Gift Policy from the performance of the agency's duties, Civil servants and officials under The details are as follows:

**1. Declaration of intent according to the No Gift Policy of the organization or agency.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of Organization** | **Date of Declaration** | **Supporting information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Awakening consciousness or create organizational culture**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name of Organization** | **Processing date** | **Operational format** | **Supporting information** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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**3.Report on receiving gifts and gifts according to the No Gift Policy from performing duties.**

|  |  |
| --- | --- |
| **Gifts and favors received** | **Number (times)** |
| **Gifts Giver** | |
| 1**)**Government sectors |  |
| 2**)**Private sectors |  |
| 3**)**People |  |
| 4**)**Others |  |
| **Received in the name of** | |
| 1**)**Organizations |  |
| 2**)**Individuals |  |
| **Processing of gifts received** | |
| 1**)**Return to the Givers |  |
| 2**)** Delivered to the Organization |  |
| 3**)**Othersplease specify |  |

**4.** **Problems and obstacles in the operation of the organization**

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**5. Other suggestions of the organization against the No Gift Policy from performing duties**

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Sign......................................... Reporter

Position………………………………

Date............/............/.............