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**PUBLIC FINANCE MANAGEMENT ACT (PFMA), ACT NO. 1 OF 1999)**

**COMMENTS ON THE AMENDMENTS TO TREASURY REGULATIONS 16**

1. **COMMENTATOR DETAILS**

|  |  |
| --- | --- |
| **Institution’s Name** |  |
| **Division** |  |
| **Physical Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

1. **COMMENTS**

| **REGULATION** | **Amended Regulation selected for comments** | **Comments to the Amended Regulation** | **Notes for the drafter** |
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1. **SIGN OFF PAGE**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of submission of comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**