10. Annexure 01 (Applies to 1.1)

Documents required and checklist in undertaking Bills

Tick (\checkmark) as applicable in the cages given against each item. General Bills (....) *Urgent Bills *(The Secretary to the Cabinet should have noted (....) the Bill to be urgent overleaf.) Eg: National Security, Disaster Management 1. i. Name in the gazette : ii. Name in the Cabinet Memorandum • iii. Name in the Cabinet Decision • iv. Name in the Attorney General's Clearance : Name in the letter of the Minister of the Bill : v. should be the same in the Bill. 2. Date of gazette publication of the Bill : 3. Date of completion of 7 days after gazette notification of the Bill : (Every Bill should be published in gazette at least 07 days before inclusion in the order paper in terms of Article 78 of the Constitution) 4. 03 copies of the Cabinet Memorandum (....) 5. 03 copies of the Cabinet Decision (....) i. Attorney General's amendments (....) ii. It has been incorporated into the Bill (....) iii. The original of the letter signed by the Secretary to the Ministry mentioning that the proposed Amendments have been incorporated into the Bill (....) iv. Permission to print that Bill (....) (....) v. Approval to present to Parliament (one or more points listed from i to v above should have been incorporated into the Cabinet Decision as per provisions in the relevant Act) 6. The Original of the covering letter with signature of the Cabinet Minister for approval (....) 7. The letter of appointment when the Acting Minister has submitted that letter (....) 8. Three copies of the letter of the Attorney General's clearance that the Bill is consistent with the Constitution (....) 9. Three hundred and twenty (320) copies of the gazette notification in all three languages (....) 10. Whether the L.D.O No. in copies in all three languages and the Attorney General's clearance is the same (....) S-160 (....) T-30 (....) E-30 (....) 11. Notes of background information: 12. Date of late submission of notes of background information: Signature of the officer : *Name of the officer *Designation : Date :

*Contact TP Nos

*marked areas must be completed.

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