



FINANCIAL DISCLOSURE FORM

I, the undersigned (surname and initials) _____

(Postal address) _____

(Residential address) _____

(Position held) _____

(Name of Department) _____

Tel _____ Fax _____

hereby certify that the following information is complete and correct to the best of my knowledge:

1. Shares and other financial interests

See information sheet: Annexure B

Number of shares/Extent of	Nature	Nominal Value	Name of Company/Entity

2. Directorships and partnerships

See information sheet: Annexure B

Name of corporate entity or partnership	Type of business	3. Amount of Remuneration (not for completion by Council members or

**4. Remunerated work outside the public service
(Not to be completed by Council members or external members of College committees)**

Must be sanctioned by your Accounting Officer. See information sheet: Annexure B

Name of Employer	Type of Work	Amount of

**5. Consultancies and retainerships
(Not to be completed by Council members or external members of College committees)**

See information sheet: Annexure B

Name of client	Nature	Type of business activity	Value of any benefits received

6. Sponsorships

See information sheet: Annexure B

Source of assistance/sponsorship	Description of assistance/ sponsorship	Value of assistance/sponsorship

7. Gifts and hospitality from a source other than a family member

See information sheet: Annexure B

Description	Value	Source

8. Land and property

See information sheet: Annexure B

Description	Extent	Area	Value

9. Motor Vehicles

See information sheet: Annexure B

Description	Value

SIGNATURE OF EMPLOYEE/ COUNCIL MEMBER/ EXTERNAL MEMBER OF COUNCIL COMMITTEE

DATE: _____

PLACE: _____

Name of Accounting Officer _____ Portfolio _____

Signature of Accounting Officer _____ Date _____

OATH/AFFIRMATION

I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down her/his answers in his/her presence:

(i) Do you know and understand the contents of the declaration?

Answer _____

(ii) Do you have any objection to taking the prescribed oath or affirmation?

Answer _____

(ii) Do you consider the prescribed oath or affirmation to be binding on your conscience?

Answer _____

2. I certify that the deponent has acknowledged that she/he knows and understands the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true, so help me God." / "I truly affirm that the contents of the declaration are true". The signature/mark of the deponent is affixed to the declaration in my presence.

Commissioner of Oath /Justice of the Peace

Full Name and surname: _____ *(Block letters)*

Designation (rank) _____ Ex Officio Republic of South Africa

Street address of institution _____

Date _____ Place _____

CONTENTS NOTED:
ACCOUNTING OFFICER

DATE: _____

SIGNED _____