

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: note ①

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

2. Directorships and partnerships

See information sheet: note ②

Name of corporate entity or partnership	Type of business	Amount of Remuneration

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3. Remunerated work outside the public service

Must be sanctioned by your Executing Authority. See information sheet: note ③

Name of Employer	Type of Work	Amount of remuneration

Name of Executing Authority _____ Portfolio _____

Signature of Executing Authority _____ Date _____

4. Consultancies and retainerships

See information sheet: note ④

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

5. Sponsorships

See information sheet: note ⑤

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

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

See information sheet: note ⑥

Description	Value	Source

7. Land and property

See information sheet: note ⑦

Description	Extent	Area	Value

SIGNATURE OF DESIGNATED EMPLOYEE

DATE: _____

PLACE: _____

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OATH/AFFIRMATION

1. 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 first names and surname: _____

(Block letters)

Designation (rank) _____ Ex Officio Republic of South Africa

Street address of institution _____

Date _____ Place _____

CONTENTS NOTED; EXECUTING AUTHORITY

DATE: _____

NOTE:

Remember that a copy of the completed form must be submitted by the EA to the Commission for purposes of recording it in the Register of Designated Employee's Interests.

