

**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  $\Rightarrow$

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

**2. Directorships and partnerships**

See information sheet: note  $\Leftarrow$

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 c

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 c

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

**5. Sponsorships**

See information sheet: note e

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 €

Description	Value	Source

7. **Land and property**  
See information sheet: note £

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.

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**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.

Chapter 10 annexure A

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