

Confidential



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF PUBLIC WORKS

FINANCIAL DISCLOSURE FORM FOR ALL EMPLOYEES

I, the undersigned (surname and full names)

Postal address:

Residential address:

Position held:

Name of Directorate:

Tel _____ Fax _____

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

1. Shares and other financial interests

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

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2. Directorships and partnerships

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

3. Remunerated work outside the public service

Name of Employer	Type of Work	Amount of remuneration

4. Consultancies and retainerships

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

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5. Sponsorships

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

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

Description	Value	Source

7. Land and property

Description	Extent	Area	Value

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Employee Signature

Date

COMMENTS

EXECUTING AUTHORITY

DATE

NOTE:

Remember that a copy of the completed form should be fully and a copy of the completed form must be submitted by employee to the Senior Manager-Human Resource Services (HRS)

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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 _____