

ANNEXURE A: FINANCIAL DISCLOSURE FORM FOR COUNCIL MEMBERS

Financial Year: 2020

Personal Details

| | |
|----------------------------|--|
| Surname | |
| First Names | |
| ID Number | |
| Postal Address | |
| Residential Address | |
| Cell Number | |
| E-mail Address | |

Details of Financial Interests

1. Shares or any other form of equity in a registered private or public company or any other corporate entity recognized by law:

| Number of shares/extent of equity | Nature | Nominal value | Name of company or entity |
|--|---------------|----------------------|----------------------------------|
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2. Loan Accounts (excluding bond, vehicle finance, and retail accounts)

| Number of the financial service provider and the account number | Original amount of loan | Outstanding balance | Terms of the loan |
|--|--------------------------------|----------------------------|--------------------------|
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3. Any Other Financial Interests

| Description of the financial interest | Nature of the financial interest | Name of the company or corporate entity | Annual value of the financial interest |
|--|---|--|---|
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4. Income Generating Asset

| Description of the asset | Nature of activity | Nature of income | Annual value of the financial interest |
|---------------------------------|---------------------------|-------------------------|---|
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5. Trusts

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NB: Documentary proof of approval to perform other remunerative work must be attached for employees of the State or attached to this form if you receive remuneration for your participation as Trustee.

6. Directorships and Partnerships

| Name of corporate entity | Registration number | Type of Business | Annual amount of remuneration |
|--------------------------|---------------------|------------------|-------------------------------|
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7. Other Remunerative Work Outside the Employee's Department

| Name of employer | Type/nature of business activity | Annual remuneration |
|------------------|----------------------------------|---------------------|
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| | | |

NB: Documentary proof of approval to perform other remunerative work must be attached to this form for employees of the State.

8. Consultancy and Retainership

| Nature of consultancy/Retainership | Name of company/your client in case of Retainership | Type/nature of business activity of the company/client | Annual value of remuneration/benefits received |
|---|--|---|---|
| | | | |
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| | | | |

NB: Documentary proof of approval to perform other remunerative work must be attached to this form for employees of the State.

9. Sponsorships

| Source of assistance/sponsorship | Description of assistance or sponsorship | Value of assistance or sponsorship | Relationship between the sponsor and the department |
|---|---|---|--|
| | | | |
| | | | |
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10. Gifts and Hospitality from a Source other than Family Member

| Description of a gift and/or hospitality | Value | Source | Relationship between the giver and the department |
|---|--------------|---------------|--|
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NB: If the cumulative value of the gift(s) is R350.00 proof of prior approval from the relevant authority must be uploaded to the eDisclosure system or attached to this form.

11. Ownership and Other Interests in Immovable Property

| Description of immovable property | Extent/size in m or ha | Area in which it is situated | Purchase price | Outstanding bond on the | Estimated market value |
|-----------------------------------|------------------------|------------------------------|----------------|-------------------------|------------------------|
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| | | | | | |
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12. Vehicles

| Description (Make and year model of the vehicle) | Registration number | Year Model | Purchase price | Outstanding amount owing on the vehicle |
|--|---------------------|------------|----------------|---|
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Declaration

I declare that I have personally completed this form and disclosed all relevant details required for the listed financial disclosure categories.

I hereby certify that the disclosure information is true, complete and correct to the best of my knowledge.

I also understand that it is binding on my conscience.

SIGNATURE OF THE APPLICANT

DATE: _____

PLACE: _____