

ANNEXURE F

DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) MHLORHE S
 (Postal Address) _____

 (Residential Address) _____
 (Position Held) DIRECTOR

 (Name of Municipality) EMadlangeni
 Tel: 031 231 3044 Fax: _____
 hereby certify that the following information is complete and correct to the best of my knowledge:

1. Shares, securities and other financial interests (Not bank accounts with financial institutions.)

Number of shares/Extent of financial interest	Nature	Nominal Value	Name of Company/Entity
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

2. Interest in a trust

Name of trust	Amount of Remuneration/ Income
<u>N/A</u>	<u>N/A</u>

3. Membership, directorships and partnerships

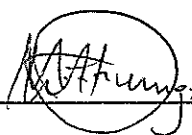
Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income
<u>QAS SIX</u>	<u>Company</u>	<u>N/A</u>

4. Remunerated work outside the Municipality (Must be sanctioned by Council.)

Name of Employer	Type of Work	Amount of remuneration/ Income
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

CONFIDENTIAL

Council

Signature by Mayor or Designate:  Date: 24/07/20


5. Consultancies, Retainerships and Relationships

Name of Client	Nature	Type of business activity	Value of any benefits received
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

6. Subsidies, grants and sponsorships by any organisation		
Source of assistance	Descriptions of assistance	Value of assistance
N/A	N/A	N/A

7. Gifts and Hospitality from a source rather than a family member		
Description	Value	Member
N/A	N/A	N/A

8. Land and Property			
Description	Extent	Area	Value
FLAT 82 ANNEKORPUS			



SIGNATURE OF SENIOR MANAGER

DATE: 24/01/2014

PLACE: Utrecht