

## ANNEXURE F

## DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) MHLAPHE S  
 (Postal Address) \_\_\_\_\_  
 \_\_\_\_\_  
 (Residential Address) \_\_\_\_\_  
 (Position Held) DIRECTOR  
 \_\_\_\_\_  
 (Name of Municipality) Emadlangeni  
 Tel: Cell 331 3041 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
<del>N/A</del>	<del>N/A</del>	<del>N/A</del>	<del>N/A</del>

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>ASSIX</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: [Signature] Date: 24/01/20

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 22 AMANCINIUTI			

  
 SIGNATURE OF SENIOR MANAGER

DATE: 24/01/2014  
 PLACE: Utrecht