

ANNEXURE F

DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) MASHYANE T. I  
 (Postal Address) 19 LOUCH PLACE  
BELLAR 4094  
 (Residential Address) 19 LOUCH PLACE BELLAR 4094  
 (Position Held) ACTING DIRECTOR INFRASTRUCTURE  
 (Name of Municipality) EMADLANGENI LOCAL MUNICIPALITY  
 Tel: \_\_\_\_\_ 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
	NONE		

**2. Interest in a trust**

Name of trust	Amount of Remuneration/ Income
NONE	

**3. Membership, directorships and partnerships**


Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income
	NONE	

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

Name of Employer	Type of Work	Amount of remuneration/ Income
ROYAL HASKONING DHV	ASSOCIATE DIRECTOR	R 80 000

CONFIDENTIAL

Council

Signature by Mayor or Designate:  Date: 24/01/21


**5. Consultancies, Retainerships and Relationships**

Name of Client	Nature	Type of business activity	Value of any benefits received
	NONE		

6. Subsidies, grants and sponsorships by any organisation		
Source of assistance	Descriptions of assistance	Value of assistance
NONE		

7. Gifts and Hospitality from a source rather than a family member		
Description	Value	Member
NONE		

8. Land and Property			
Description	Extent	Area	Value
HOUSE	700	m <sup>2</sup>	R1850 000
HOUSE	600	m <sup>2</sup>	R1700 000

  
 SIGNATURE OF SENIOR MANAGER

DATE: 24-07-20

PLACE: Utrecht.