

I, the undersigned,

Full names

All correspondence must be directed to the office of the Municipal Manager.

454 Streatfield Street, Dutywa Eastern Cape Province Tel: 047 489 5800

Email: info@mbhashemun.gov.za

www.mbhashemun.gov.za

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## SCHEDULE 3

## **DISCLOSURE OF INTERESTS FORM**

Identity Number:	
Residing at :	
do hereby declare	
	n contained herein fall within my personal knowledge and are to the best of implete, true, and correct, and
(b) that there is r Tribunal, or	no conflict of interest between myself and the Mbhashe Municipal Planning
	owing interests which may conflict or potentially conflict with the interests of nicipal Planning Tribunal;
	CONFLICTING INTERESTS



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(d) the non-executive directorships previously or currently held and remunerative work, consultancy and retainership positions held as follows:

1. NON- EXECUTIVE DIRECTORSHIP					
Name of Company	Period				
1.					
2.					
3.					
4.					
5.					

2. REMUNERATION WORK, CONSULTANCY & RETAINERSHIPS							
Name of Company	Type of Business	Rand amount per	Period				
&		month					
Occupation							
1.							
2.							
3.							
4.							
5.							

3. CRIMINAL RECORD				
Type of Offence	Dates/ Term of Sentence			
1.				

- (e) I am South African citizen or a permanent resident in the Republic
- (f) I am not a Member of Parliament, a provincial legislature, a Municipal Council or a House of Traditional Leaders;
- (g) I am not an un-rehabilitated insolvent;
- (h) I have not been declared by a court of law to be mentally incompetent and have not been detained under Mental Health Care Act, 2002 (Act No. 17 of 2002);
- (i) I have not at any time been convicted of an offence involving dishonesty;
- (j) I have not at any time been removed from an office of trust on account of misconduct;
- (k) I have not previously been removed from a tribunal for a breach of any provision of the Spatial Planning and Land Use Management Act, 2013 or provincial legislation or the Land Use Planning By-laws, 2015 enacted by the Mbhashe Municipality;
- (I) I have not been found guilty of misconduct, incapacity or incompetence, or
- (m) I have not failed to comply with the provisions of the Spatial Planning and Land Use Management Act, 2013 or provincial legislation or Land Use Planning By-Laws, 2015 enacted by the Mbhashe Municipality.



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			Si	gnature of	Nom	inee: _					
			Fu	ıll Names:							
			SIGNED _day of							on	this
affidavit, t	hat th	ne conf	g acknowle ents are tr ers the oat	ue, and th	at he	or she	has no	objectior onsciend	n to taking ce.		n and
										R OF OA	
				FULL NA	MES	:					
				DESIGNA	ATION	l :					
				ADDRES	S	:					