



FINANCIAL DISCLOSURE FORM

I, the undersigned (surname and initials)

(Postal address)

(Position held) _____

(Name of Department) _____

Tel: _____ Fax: _____

hereby certify that the following information is complete and correct to the best of my knowledge:

1. Shares and other financial interests

Number of shares/Extent of financial interests	Nature	Nominal Value	Name of Company/Entity

2. Directorships and partnerships

Name of corporate entity or partnership	Type of business	Amount of Remuneration

3. Remunerated work outside of the NSRI

Must be sanctioned by the NSRI CEO

Name of Employer	Type of work	Amount of Remuneration

Name of CEO _____

Signature of CEO _____ Date _____

4. **Consultancies and retainerships**

Name of client	Nature	Type of business activity	Value of any benefits received

5. **Sponsorships**

Source of assistance/sponsorship	Description of assistance/sponsorship	Value of assistance/sponsorship

6. **Gifts and hospitality from a source other than a family member**

Description	Value	Source

7. Land, property and major assets

Description	Extent	Area	Value

SIGNATURE OF EMPLOYEE

DATE:

PLACE:

OATH / AFFIRMATION

- I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:
 - Do you know and understand the contents of the declaration?
Answer: _____
 - Do you have any objection to taking the prescribed oath or affirmation?
Answer: _____
 - Do you consider the prescribed oath or affirmation to be binding on your conscience?
Answer: _____
- I certify that the deponent has acknowledged that he/she knows and understand the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true, so help me God". / "I truly affirm that the contents of the declaration are true". The signature/mark of the deponent is affixed to the declaration in my presence."

Commissioner of Oath/Justice of the Peace

Full first names and surname: _____
_____ (Block letters)

Designation (rank): _____ Ex Officio Republic of South Africa

Street address of institution _____

Date _____ Place _____

CONTENTS NOTED: NSRI CEO

DATE: _____

NOTE:

Remember that a copy of the completed form must be kept on the Personnel File of the Employee.