



## DISCLOSURE OF INTEREST –SECTION 54A and SECTION 56 EMPLOYEES

- A. Every section 54A and section 56 employee **must complete** the disclosure of interest every year, (or update quarterly if applicable) whether they have a private business/work or not, it is compulsory.

### **IMPORTANT**

**1. Disclosure of Interest Form**

To be completed by **all** employees of eThekweni Municipality **whether they have a private business/work or not, it is compulsory.**

**2. Oath / Affirmation Form:**

To be completed by Section 54A and Section 56 employees **ONLY** (i.e. City Manager and Deputy City Managers of EThekweni Municipality).

**3. Consent Form:**

To be completed by **any staff member involved in private business/work** in terms of Section 4 (2) (c) of Schedule 2 of the Local Government: Municipal Systems Act, 2000.

- B. **No municipal employee should be involved in private business/work with any organ of the state including municipalities.**

- ◆ Section 4 (3) of Schedule 2 of the Municipal Systems Act provides that no staff member of a municipality may be party to or beneficiary under a contract for the provision of goods or services to any municipality or any municipality entity established by a municipality.
- ◆ Regulation 44 of the MFMA and Section 44 of EtheKwini Municipality Supply Chain Management (SCM) Policy prohibits the awarding of bids to persons in the service of the State.
- ◆ **“In the service of the state”** is defined in the Regulations as a member of any municipal council, provincial legislature or the National Assembly or the National Council of Provinces; an employee of any national or provincial department, national or provincial public entity or an employee of Parliament or a provincial legislature or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999)
- ◆ A state is defined in the Regulations as a Provincial Legislature or the National Assembly or the National Council of Provinces; any national or provincial department, national or provincial public entity or Parliament or a constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999)

**D. Disclosure:**

I, (Surname) CELE  
 Of (Res address) 43 CHEARSLEY RD  
WESTVILLE  
3629  
 ID No: 6305 08 5952 080  
 Designation: DEPUTY CITY MANAGER  
 Cluster: GOVERNANCE AND IGR  
 Cell: 083272 1450

(Name/s) SIPHO OLNER  
 and (Postal) 43 CHEARSLEY RD  
WESTVILLE  
3629  
 Service no: 3425304  
 Dept: GOV. AND IGR  
 Unit: \_\_\_\_\_  
 Tel (W/H) 031-3114006

as an employee of eThekweni Municipality, do hereby disclose my Financial/Business interests as follows:

**1. Shares and other financial interests (Not bank accounts or with financial institutions)**

See information sheet: Note (1)

Number of shares / extent of financial interest	Nature	Nominal value	Name of Company or entity
NIL			

**2. Interest in any Trust**

Name of Trust	Trust Registration No.	Nature of Trust	Previous Financial Year Income (R.c)
NIL			

**3. Are you a proxy in any organisation? See information sheet: Note (1a) Please tick the applicable box.**

YES  NO

If YES:

Name of Business	Organisation Registration No.	Nature of Business

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**2. INTEREST IN ANY TRUST**

Name of Trust	Trust Registration No.	Nature of Trust	Previous Financial Year Income (R.c)

**3. ARE YOU A PROXY IN ANY ORGANISATION?**

Proxy is defined as: The authority to represent someone in a business/organisation or control the business/organisation on someone's behalf.

Please tick the applicable box. **YES**

**NO**

If YES:

Name of Business/ Organisation	Organisation Registration No.	Nature of Business

**4. RELATIONSHIP DECLARATION (Close family members' business interest with the Municipality)**

Declare any work or benefit that your family member acquired or stands to acquire from a contract concluded with eThekweni Municipality. Close family members are limited to the spouse, children, and parents of the person in the service of the State, or who has been in the service of the State in the previous 12 months.

<b>Name &amp; surname of close family member</b>	<b>Relationship of close family member to you</b>
<b>Name of business of close family member</b>	<b>ID No of close family member</b>
<b>Nature of business of close family member</b>	<b>Amount of Annual Income</b>
<b>Declare work that your close family member has or is quoting for with eThekweni Municipality</b>	<b>Declare work that your close family member will be quoting for with eThekweni Municipality in future</b>

## 5. BUSINESS PARTNERS

Declare details of business partners or associates

Name of private or business interest	Nature of private or business interest	Name of partner or associate (if it is not yourself)	ID No. of partner or associate (if it is not yourself)

## 6. SUBSIDIES, GRANTS AND SPONSORSHIPS

Employees are required to disclose the following details with regard to subsidies, grants & sponsorships by any organisation:

- The source of the subsidy, grant or sponsorship;
- The description of the subsidy, grant or sponsorship; and
- The value of the subsidy, grant or sponsorship.

Source	Description	Value (R)

## 7. LAND AND PROPERTY

Employees are required to disclose the following details with regard to their ownership and other interests in land and property (residential or otherwise both inside and outside the Republic of South Africa):

- A description of the land or property;
- The area in which it is situated;
- The extent of the land or property (square metres);
- The value of the property;
- Previous financial year income (if for rental purposes)

Description	Area	Extent (Square Metres)	Value	Previous Financial Year Income (R.c) (if for rental purposes)

**8. PRIVATE BUSINESS/WORK****(Consent by Consent Review Committee required for field 8.1 to 8.5)****8.1 PARTNERSHIP**

**Partnership** is a legal relationship arising out of a contract between two or more persons with the object of making and sharing profits.

Employees are required to disclose the following details with regard to partnerships:

- The name and type of business activity of the corporate entity or partnership/s; and
- The amount of any remuneration received for such partnership/s.

Name of Company/Person	Company Registration No.	Nature of Business	Amount of annual Income

**8.2 DIRECTORSHIP**

**Directorship** includes any occupied position of director or alternative director, or by whatever name the position is designated.

Employees are required to disclose the following details with regard to directorships:

- The name and type of business activity of the corporate entity or directorship/s; and
- The amount of any remuneration received for such directorship/s.

Name of Company/Person	Company Registration No.	Nature of Business	Amount of annual Income

**8.3 CLOSE CORPORATION**

Employees are required to disclose membership of any close corporation.

Name of Close Corporation	Close Corporation Registration No.	Nature of Close Corporation	Previous Financial Year Income (R.c)

**8.4 CONSULTANCY/ RETAINERSHIP**

Employees are required to disclose the following details with regard to consultancies and retainerships:

- The nature of the consultancy or retainership of any kind;
- The name and type of business activity, of the client concerned; and
- The value of any benefits received for such consultancy or retainerships.

Name of Company/Person	Company Registration No.	Nature of Business	Amount of annual Income

**8.5 OTHER REMUNERATED WORK OUTSIDE MUNICIPALITY**

Remuneration means the receipt of benefits in cash or kind, and work means rendering a service for which the person receives remuneration.

Employees are required to disclose the following details with regard to remunerated work outside the public service:

- The name and type of business activity of the employer;
- The type of work; and
- The amount of the remuneration received for such work.

Name of Company/Person	Company Registration No.	Nature of Business	Amount of annual Income

**F. DECLARATION**

I, (Full name/s and surname) \_\_\_\_\_, an employee of eThekweni Municipality, do hereby declare that I have made a full, complete and honest disclosure of all registerable interests. I further declare that I will not conduct business with the State; or be a director of a public or private company conducting business with the State. I understand that should I have failed to make a full and proper disclosure as required, I may be liable to disciplinary proceedings.

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**G. OATH/AFFIRMATION**

1. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down her/his answers in his/her presence:

(i) Do you know and understand the contents of the declaration?

Answer \_\_\_\_\_

(ii) Do you have any objection to taking the prescribed oath or affirmation?

Answer \_\_\_\_\_

(iii) Do you consider the prescribed oath or affirmation to be binding on your conscience?

Answer \_\_\_\_\_

2. I certify that the deponent has acknowledged that she/he knows and understands 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 BY:**

**CITY MANAGER/MAYOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_