

CITY OF EKURHULENI
DECLARATION OF INTEREST FORM
FOR THE FINANCIAL YEAR 2017/2018
'PRIVATE AND CONFIDENTIAL'



I, the undersigned (surname and initials)

(Postal address)

(Residential address)

(Position held)

(Name of Department)

Tel: _____ Email: _____

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

CITY OF EKURHULENI
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FOR THE FINANCIAL YEAR 2017/2018
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DECLARATION OF INTEREST

1. a. Shares and securities in any company/entity

**please indicate 'None' should you have nothing to declare*

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

b. Interests in Trusts

**please indicate 'None' should you have nothing to declare*

Name of Trust & Extent of financial interests	Description of Assets within trust	Name of Trustee	Name of Company/Entity

2. Directorships/memberships/partnerships/business

**please indicate 'None' should you have nothing to declare*

Name of corporate entity, partnership or business	Type of business/membership	Amount of Remuneration/ Income per annum

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3. Private Remunerative work outside the Municipality

Must be approved by the City Manager

**please indicate 'None' should you have nothing to declare*

Name of Employer/business	Type of Work required	Amount of remuneration/ Income per Annum

Has approval to perform private work been obtained: PLEASE TICK:

YES	NO
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Date of Approval: _____

(Please attach proof of approval)

4. Consultancies and Retainerships

**please indicate 'None' should you have nothing to declare*

Name of client	Indicate time allocated to work	Type of work/business activity	Value of any benefits received

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5. Sponsorships/grants/subsidies by any organisation
**please indicate 'None' should you have nothing to declare*

Source of assistance/name of sponsor	Description of assistance/ Sponsorship	Value of assistance/sponsorship

6. Gifts and hospitality received during the Financial Year
**please indicate 'None' should you have nothing to declare*

Description of Gift/Hospitality	Value	Source	Date received	Declared in gift register? YES/NO

7. Land, property and vehicles in your name
**please indicate 'None' should you have nothing to declare*

Description	Area/ Registration Number	Value

CITY OF EKURHULENI
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8. Utilisation of assets NOT in the employee's name
**please indicate 'None' should you have nothing to declare*

a. Vehicles

Description	Registration Number	Period of use	Registered Owner Full Name/Relationship	Reason for use

b. Land/rentals/property

**please indicate 'None' should you have nothing to declare*

Description	Location	Registered Owner	Purpose of Use	Period of use

9. Known Relatives/Partners/Spouses/Friends/Associates 'at arm's length' doing/possibly doing business with COE
**please indicate 'None' should you have nothing to declare*

Full Name of relative/partner and ID	Nature of Relationship	Name of Company	Nature of Business/Contracts	Period of Work

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10. Declaration that the Employee is NOT doing business with the Municipality or any other Organ of State (Please tick the relevant option)

Doing Business		Not Doing Business	
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SIGNATURE OF EMPLOYEE

NAME: _____

DESIGNATION: _____

DATE: _____

PLACE: _____

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INTEGRITY PLEDGE

(To be completed by all employees)

I hereby declare that –

As a committed employee of the City of Ekurhuleni/ Municipal Entity, I will strive to serve my employer and the public with honesty, respect, dignity and integrity, and consistent with the values and principles of the employer's policies and procedures

I commit myself to set an example through ethical conduct for the furtherance of integrity and good governance and to report all forms of fraud I am aware of

I will adhere to all applicable laws and regulations

I will comply to the Local Government Code of Conduct

I will comply with the Ekurhuleni Integrity Management Framework

I will not conduct business with the Municipality or ANY municipality or municipal entity

I will declare all conflicts of interest

I will not accept or offer any advantage, gifts or benefits that may prejudice my position or lead to conflicts of interest

I will be honest and be accountable for my actions when dealing with the public, suppliers and other stakeholders

I will strive for high standards of service and ethical behaviour that are conducive to the development of the economy and the eradication of poverty

I have read and understood the contents of the personal declaration and integrity pledge

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I acknowledge that any non – disclosure, misrepresentation or false information on my part may result in disciplinary action being taken against me

I acknowledge that the information provided in this declaration is true and correct.

SIGNATURE OF EMPLOYEE

NAME: _____

DESIGNATION: _____

DATE: _____

PLACE: _____

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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**

Full name and surname:

_____ (Block letters)

Designation (rank) _____ Ex Officio Republic of
South Africa

Street address of institution

Date _____ Place _____

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NOTE:

**Any change of the nature or detail of the financial or other interests of a staff member must be declared in writing and submitted to the Office of the Chief Risk Officer as soon as possible.*

**Gift Registers are maintained at each department. Departmental Gift Registers must be submitted by DH: Governance & Compliance of each department on 31 January and 30 June every year, to the Office of the Chief Risk Officer.*