



MOGALAKWENA MUNICIPALITY

PERSONAL ASSET DECLARATION FORM

SERIAL NUMBER: _____

ASSET DESCRIPTION: _____

NAME OF USER: _____

ASSET LOCATION: _____

REASON FOR BRINGING THE ASSET ONTO THE PREMISES: _____

ESTIMATED REMOVAL DATE: _____

OWNER DETAILS:
NAME AND SURNAME: _____

SIGNATURE: _____

DATE: _____

DECLARATION: I,the owner agree not hold Mogalakwena Local Municipality liable for any theft or damage incurred relating to the use of the abovementioned asset.

DEPARTMENT ASSET CONTROLLER
NAME AND SURNAME: _____

SIGNATURE: _____

DATE: _____

DECLARATION: I,the Department Asset Controller, agree that Mogalakwena Local Municipality is not the owner of the abovementioned asset.