



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.