



MOGALAKWENA MUNICIPALITY

MOGALAKWENA LOCAL
MUNICIPALITY

**FINANCIAL DISCLOSURE
FORM**

NAME: MATSHIPSANA MERIAM MOLALA

FOR THE

FINANCIAL YEAR:
1 JULY 2013– 30 JUNE 2014

STRICTLY CONFIDENTIAL

I, the undersigned (surname and initials) MOLALA M.M.
(Postal address) P.O. BOX 12251 BENDOR PARK
0699
(Residential address) Unit 03 Villa Enzie, Bendor Polokwane

(Position held) MANAGER: COMMUNITY SERVICES
(Name of Municipality) MOGALAKWENA LOCAL MUNICIPALITY
Tel: 015 491 9700 Fax: 086 210 0301

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

1. Shares and other financial interests (Not bank accounts with financial institutions.)
See information sheet: note (1)

Number of shares/Extent of financial interests	Nature	Nominal Value	Name of Company/Entity
100	Preferred		MATHEPSANA LO.
20	Preferred		BESCOL
	Ordinary		ARM

2. Directorships and partnerships
See information sheet: note (2)

Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income
TILEDI	NGO	NONE

[Handwritten signature]

3. *Remunerated work outside the Municipality*
Must be sanctioned by Council. See information sheet: note (3)

Name of Employer	Type of Work	Amount of remuneration/ Income
MATSHUPAMA Co.	CERTIFIED GREEN Cons	Dependent on Agreement
BESCOL	Energy supplier	Dependent on Agreement
ARM	Shareholder	Dependent on Dividend

Council _____

Signature by Council _____ Date _____

4. *Consultancies and retainerships*
See information sheet: note (4)

Name of client	Nature	Type of business activity	Value of any benefits received
None	none	none	none

5. *Sponsorships*
See information sheet: note (5)

Source of assistance/sponsorship	Description of assistance/ Sponsorship	Value of assistance/sponsorship
None	none	none

6. *Gifts and hospitality from a source other than a family member*
See information sheet: note (6)

Description	Value	Source
None	None	None



7. Land and property
See information sheet: note (7)

Description	Extent	Area	Value
Residential 1	House	POLOKWANE	R 1 600 000
Residential 1	Town House	POLOKWANE	R 800 000



SIGNATURE OF EMPLOYEE

DATE: 2 Mos / 13

PLACE: MOKOPANE.

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: Yes

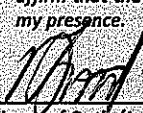
(ii) Do you have any objection to taking the prescribed oath or affirmation?

Answer: No

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

Answer: Yes

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: NICOLAS JOHANNES JACOBS SMIT (Block letters)

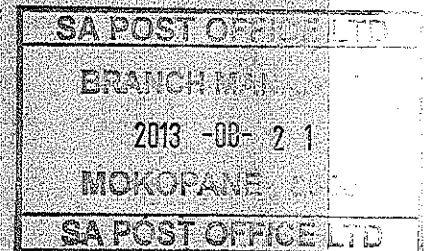
Designation (rank): CHIEF TELLER SA POST OFFICE
Ex Officio Republic of South Africa

Street address of institution: 74 RUITER AVENUE
MOKOPANE

Date: 2013/08/21 Place: MOKOPANE

CONTENT NOTED: LESIBA FRANS MASIBE
ACTING MUNICIPAL MANAGER

DATE:



OATH/
AFFIRMATION