MOGALAKWENA MUNICIPALITY

MOGALAKWENA LOCAL MUNICIPALITY

FINANCIAL DISCLOSURE FORM

NAME: MATSHIPSANA MERIAM MOLALA

FOR THE

FINANCIAL YEAR:

1 JULY 2013– 30 JUNE 2014

STRICTLY CONFIDENTIAL

FINANCIAL DISCLOSURE FORM

CONFIDENTIAL
Annexure C

I, the undersigned (surname and initials) MOLALA M.M.

(Postal address) P.O. BOX 12251 BENDOR PARK 0699

(Residential address) UNIT 03 VILLA ELIZBIE, BENDOR POLOKWANE

(Position held) MANAGER: COMMUNITY SERVICES

(Name of Municipality) MOGALAKWENA LOCAL MUNICIPALITY

Tel: 015491 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		MATHIPISANA CO.
90	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

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
MAITHIPSAMA Co.	CERTIFIED Green Coal	Dependent on Agreement
BESCOL	Energy Supplier	DEDENDENT 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	House	Polokwane	R1 600 000
Residential	Town House	Polokwane	R 800 000

SIGNATURE OF EMPLOYEE

DATE: 21/08/13

PLACE: Moko Pane.

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 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: NICOLAAS JOHANNES JACOBUS SMIT *(Block letters)*

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

Street address of institution 74 Kruger Avenue Mokopane

Date 2013/08/21 *Place* MOKOPANE

SA POST OFFICE LTD
BRANCH MSI
2013 -08- 21
MOKOPANE
SA POST OFFICE LTD

CONTENTS NOTED: LESIBA FRANS MASIBE
ACTING MUNICIPAL MANAGER

DATE: