MOGALAKWENA MUNICIPALITY

MOGALAKWENA LOCAL MUNICIPALITY

FINANCIAL DISCLOSURE FORM

NAME: JOHANNES NICOLAAS FOURIE

FOR THE

FINANCIAL YEAR:
1 JULY 2013 – 30 JUNE 2014

STRICTLY CONFIDENTIAL

FINANCIAL DISCLOSURE FORM

CONFIDENTIAL
Annexure C

I, the undersigned (surname and initials) FOURIE J-N

(Postal address) Box 162, MOKOPANE, 0600

(Residential address) 87 KRUGER STREET, MOKOPANE, 0601

(Position held) MANAGER ELECTRICAL SERVICES

(Name of Municipality) MOGALAKWENA

Tel: 015-491 9601 Fax: 0865877852

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
N/A			

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

Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income
N/A		

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
N/A		

*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
N/A			

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

Source of assistance/sponsorship	Description of assistance/ Sponsorship	Value of assistance/sponsorship
N/A		

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

Description	Value	Source
N/A		

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

Description	Extent	Area	Value
ERF 953	1487 m²	CENTRAL MOKOPANE	R 1,31m.

SIGNATURE OF EMPLOYEE

DATE: 31/07/2013

PLACE: MOKOPANE

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.*

MASHABANE MG
Commissioner of Oath /Justice of the Peace

Full first names and surname: MASHABANE M.G *(Block letters)*

Designation (rank) CONST *Ex Officio Republic of South Africa*

Street address of institution 21 RELIEF STREET MOKOPANE

Date 2013/08/07 *Place* MOKOPANE

CONTENTS NOTED: LESIBA FRANS MASIBE
ACTING MUNICIPAL MANAGER

DATE: 2013/08/07.

SUID-AFRIKAANSE POLISIEDIENS
GEMEENSKAPS DIENSSENTRUM
2013 -08- 07
COMMUNITY SERVICE CENTRE
MOKOPANE
SOUTH AFRICAN POLICE SERVICE