APPENDIX J FINANCIAL DISCLOSURES FOR HoDS

FINANCIAL DISCLOSURE FORM

E, the undersigned (surnan	ne and initials) KN 8 Box 188	- Land	<u>ua</u>	o the perferences ogressed
(Residential Address)	123 (4)	Skeet	Cres	11 or 3263
(Position held) CFO	Water Street Control of the Control		The Prince of Street of Street	the second secon
Tel: 039-855 (o Hereby certify that the follow		Fax:		
Hereby certify that the follows: 1. Shares and other finance See information sheet: no	ial interests (Not bank te (1)	rect to the best accounts with fi	of my know	wledge:
Number of shares/Extent of inancial interest	F Nature	Nominal Value		Name of Company/Entity
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. Directorships and partners See information sheet: note	hips (2)			
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3.	Remunerated	work outsid	le the Mu	inicipality			
	Must be sanct	ioned by Co	uncil, See	information	sheet:	note ((3)

Name of Employer	Type of Work	Amount	of	Remuneration	1
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Council resolution and date____

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

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5 Sponsorships

See information sheet: note (5)

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

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7. Land and property

See information sheet: note (7)

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- KI
SIGNATURE OF EMPLOYEE
DATE: 5/01/20/8
PLACE: Creisifia

OATH / AFFIRMATION

1	I certify 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 You
	(ii) Do you have any objection to taking the prescribed oath or affirmation? Answer ~0
	(iii) Do you consider the prescribed oath or affirmation to be binding on your conscience? Answer 121
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.

A SOUTH A SHOWN POINT ESTATE

70 / 40 g d

Commissioner of Oath / Justice of the Peace

Full first names and surname	To the F Start
	SN MBEJ (Block letters)
Designation (rank) SERGANT	Ex Officio Republic of South Africa
Street address of institution SMITH STREET	07 WATEON STREET CLOSERION OF
Date 08/02/2018	Place CREIGHTON
CONTENTS NOTED : MUNICIPAL MANAGER	
DATE: 08 02 2018	
4 P	Nkosazana Dlamini-Zuma Municipality

Nkosazana Dlamini-Zuma Municipality

	2 le - S	Appendix	D (to the	performance agreement	
I, the undersigned (surname and		y zwe	Lypon	Par 1/52	no descr
(Postal Address)_BOX	27603				
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(Residential Address) No	3, Smet	e st			_
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(Position held) Munic	ifal Man	wifer.	TO STATE OF THE ST		arriot.
(Name Nicosazana	Municipality)		Lhi	ૈસી	77.
Tel: 039-833 1038	Fc	DX1			
Hereby certify that the following		ct to the best of	my knewle	edae:	
1. Shares and other financial See information sheet: note	interests (Not bank ac				
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3.	Remunerated	work	outside	the	Municipality
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Must be sanctioned by Council, See information sheet: note (3)

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Council resolution and date

4. Consultancies and retainerships

See information sheet: note (4)

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5. Sponsorships

See information sheet: note (5)

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6. Gifts and hospitality from a source other than a family member

See information sheet: note (6)

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7. Land and property

See information sheet: note (7)

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2. I	certify that the u				
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(Block letters)

I, the undersigned (surname an	d initials)	Append	ix D (to the	e performance agreement) DEZ
(Postal Address)	plana.	Perr	7	カ
	od/mo	10		12
(Residential Address)	PMS	3		
	Kporot	SC+57"	Ces	umng (3
Tel: 07/6249	737	Fax:		
Hereby certify that the following	ng is complete and cor	rect to the best o	of my knowl	edae:
1. Shares and other financial See information sheet: note	interests (Not bank			
Number of shares/Extent of financial interest	Nature	Nominal Value		Name of Company/Entity
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3.	Remunerated work	outside	the M	unicipality			
	Must be sanctioned	by Coun	cil, See	information	sheet:	note	(3)

Name of Employer	Type of Work	Amount of Remuneration /
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Council resolution and date_	1/12	

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

Name of client	Nature	Type of	business	Value of any benefits
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5. Sponsorships

See information sheet: note (5)

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assistance/sponsorship	sponsorship	Value of assistance /
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6. Gifts and hospitality from a source other than a family member See information sheet: note (6)

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7. Land and property

See information sheet: note (7)

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DATE: 19/02/18

OATH / AFFIRMATION

- 1. I certify 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 /e5

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

Answer MO

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

Answer \S

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.

(Matheway)

Commissioner of Oath / Justice of the Peace

3 | Page

Dr Nkosazana Dlamini-Zuma Municipality Financial Disclosure Form

Full first names and surname	COMIDENTAL
SN MBEJ	(Block letters)
Designation (rank) LONSTABLE	Ex Officio Republic of South Africa
Street address of institution 07 w	MEIOMN STREET CREIGHTAN BELS
Date 19 102 18	Place CREIGHTON
CONTENTS NO 10 : MUNICIPAL MANAGE	R
DATE:	

Appendix D (to the performance agreement) I, the undersigned (surname and initials) MLATA Z. (Postal Address) P. O. Box 05 SARNIA 3615 (Residential Address) DLAMINI RESIDENCE FANTON FARM IXOPO 3276 (Position held) SERIOR MANAGER & Community Sepulæs (Name of Municipality) NDZ LM Tel: U39-8221038 Fax: 039-8231179 Hereby certify that the following is complete and correct to the best of my knowledge:
(Residential Address) Deaming Residence (Residential Address) Deaming Residential Address (Residential Address (Resid
TXOPO 3276 (Position held) Service Markager: Community Sepulces (Name of Municipality) NDZ LM Tel: 039-8321038 Fax: 039-8331179 Hereby certify that the following is complete and correct to the best of my knowledge:
(Position held) Serice Markager: Community Services (Name of Municipality) NDZ LM Tel: U39-8321038 Fax: 039-8331179 Hereby certify that the following is complete and correct to the best of my knowledge:
(Name of Municipality) NDZ LM Tel: U39-8331038 Fax: U39-8331179 Hereby certify that the following is complete and correct to the best of my knowledge:
(Name of Municipality) NDZ LM Tel: U39-8321038 Fax: U39-8331179 Hereby certify that the following is complete and correct to the best of my knowledge:
Hereby certify that the following is complete and correct to the best of my knowledge:
Hereby certify that the following is complete and correct to the best of my knowledge:
The state of 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 Nature Nominal Value Name of Company/Entit
00
2. Directorships and partnerships See information sheet: note (2) Name of corporate entity. Type of business Amount of Remuneration / Income
1 Page

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
	The state of the s	1
ouncil resolution and date		

4. Consultancies and retainerships

See information sheet: note (4)

Name of client	Nature	Type	of	business	Value of	any E	enefits>
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5. Sponsorships

See information sheet: note (5)

Source assistance/sponsorship	of	Description sponsorship	of	assistance	 Value of sponsorship	assistance	
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6. Gifts and hospitality from a source other than a family member See information sheet: note (6)

Description	Value	Source	
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7. Land and property

See information sheet: note (7)

Description	Extent		
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SIGNATURE OF EMPLOYEE

DATE: 09 06 2019

PLACE: CREIGHTON AREA

OATH / AFFIRMATION

		DATH / AFFIRMATION
1,	I cert wrote	ify before administering the oath/affirmation I asked the deponent the following questions and down her/his answers in his/her presence:
	(i) Answei	Do you know and understand the contents of the declaration?
	(ii) Answer	Do you have any objection to taking the prescribed oath or affirmation?
	(iii) Answer	Do you consider the prescribed oath or affirmation to be binding on your conscience?
lu	of the d	tion. The deponent has acknowledged that she/be knows and understands the contents of this tion. The deponent utters the following words: "I swear that the contents of this declaration are help me God." / "I truly affirm that the contents of the declaration are true". The signal ure/marks deponent is affixed to the declaration in my presence. The boundaries of the Peace
- 1		

Full first names and surname	CONP	LDENTIAL	
PETRUS	REZWOEN	u	(Block letters)
Designation (rank) Navid	and Office	\$	_ Ex Officio Republic of South Africa
Street address of institution	5 Wapan	Shel	Cocaphan
Date 2019-06-0	<i>O</i> 6	Place	GUIGHON
CONTENTS NOTED: MR NC VE	, EZI		
DATE:			

		Appendix D	(to the performance agree	ement)
[, the undersigned (surname and	initials)	MAGASI	S.V	·
Postal Address) 15	MAKION AL	IGHUE 4	-081	
r, the undersigned (surname and Postal Address) 15	4081		- 0)	
Residential Address) 1	5 MAKION	Avanue	- C. Harel	
4081			3611	
osition held) SGNOK	MATAGER .	Public 1	oke & BASICE	1 Certic
lame of Municipality) NDZ LA	Λ		0110162	Spenie
el: 039 833 11 creby certify that the following Shares and other financial in See information sheet: note (iterests (Not bank acc	x: 039 039 t to the best of my counts with financia	833 1179 833 1179 knowledge:	
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Directorships and partnership See information sheet: note (2 ame of corporate entity)			
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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	1
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4. Consultancies and retainerships

See information sheet: note (4)

Name of client	Nature	Type of activity	business	Value of any benefits
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5. Sponsorships

See information sheet: note (5)

Source assistance/sponsorship	of	Description of assistance / sponsorship	- 1	Value of sponsorship	assistance	
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6. Gifts and hospitality from a source other than a family member

See information sheet: note (6)

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

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SIGNATURE OF EMPLOYEE

DATE: 9019-03-11

PLACE: CREIGHTON

OATH / AFFIRMATION

1.	I certi	fy before administering the oath/affirmation I asked the deponent the following questions and down her/his answers in his/her presence:
	(i)	Do you know and understand the contents of the declaration?
		7ES
	/ii)	Po — t

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

Answer No

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

Answer 15

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.

Girales Lesine	SOUTH AFRICAN POLICE SERVICE	a esette,
Carl Million	COMMUNITY SERVICE CENTRE	
Commissioner of C	Oath / Justing of the Reace	
	CREIGHTON SAPS	
3 P a	g P KWAZULU - NATAL	D r Nkosazana Dlamini-Zuma Municipality
		Financial Disclosure Form

Full first names and surname	CONFIDENTIAL	
SN MBEJT		(Block letters
Designation (rank) Constable		Ex Officio Republic of South Africa
Street address of institution 07 Watsc	omm street	Creighton 3263
Date 2019 May ch 21	Place_	Creiophion
CONTENTS NOTED: MR NC VEZI MUNICIPAL MANAGER		
PATE:		