

FINANCIAL DISCLOSURE FORM

I, the undersigned (surname and initials) GAMBU THOKOZANA EXCELLENT

(Postal address) P.O-BOX 71
BERGVILLE, 3350

(Residential address) MOSINJANE RD, BETHANY AREA, BERGVILLE, 3350

(Position held) Chief Financial Officer

(Name of Department) FINANCE

Tel 031 785 9300 Fax 031 785 2121

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

1. Shares and other financial interests
See information sheet: note ①

Number of shares/Extent of financial interests	Nature	Nominal Value	Name of Company/Entity
100% Number of Shares	Farming	± R100 000 PA	SEEDA Investment

2. Directorships and partnerships
See information sheet: note ②

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

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3. Remunerated work outside the public service

Must be sanctioned by your Executing Authority. See information sheet: note ③

Name of Employer	Type of Work	Amount of remuneration
N/A	N/A	N/A

Name of Executing Authority _____ Portfolio _____

Signature of Executing Authority _____ 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	N/A	N/A	N/A

5. Sponsorships

See information sheet: note ⑤

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

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

Description	Value	Source
N/A	N/A	N/A

7. Land and property
See information sheet: note ⑦

Description	Extent	Area	Value
N/A	N/A	N/A	N/A



 SIGNATURE OF DESIGNATED EMPLOYEE

DATE: 2020/08/06

PLACE: _____

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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

(ii) 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.

7037939
MEYIWA SGT

Commissioner of Oath /Justice of the Peace

Full first names and surname: S L MEYIWA

(Block letters)

Designation (rank) SERGEANT Ex Officio Republic of South Africa

Street address of institution 19 SHEPSTONE STREET
CAMPERDOWN

Date 2020-08-06 Place CAMPERDOWN

CONTENTS NOTED: EXECUTING AUTHORITY

DATE: _____

NOTE:

Remember that a copy of the completed form must be submitted by the EA to the Commission for purposes of recording it in the Register of Designated Employee's Interests.

Cv/dV001031601annexure A 1AR

SOUTH AFRICAN POLICE
ADMINISTRATION
2020 -08- 06
CAMPERDOWN
KWAZULU-NATAL