

## ANNEXURE F

## DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) Makombatha N  
 (Postal Address) PO BOX 12 Bizana  
4800  
 (Residential Address) Ngcingo location Ward 13  
 (Position Held) Senior Manager: Development Planning  
 (Name of Municipality) Winnie Mandela - Mandela Local Municipality  
 Tel: 0392510230 Fax: \_\_\_\_\_  
 hereby certify that the following information is complete and correct to the best of my knowledge:

**1. Shares, securities and other financial interests (Not bank accounts with financial institutions.)**

Number of shares/Extent of financial interest	Nature	Nominal Value	Name of Company/Entity
	<u>N/A</u>		

**2. Interest in a trust**

Name of trust	Amount of Remuneration/ Income
<u>N/A</u>	

**3. Membership, directorships and partnerships**

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

**4. Remunerated work outside the Municipality (Must be sanctioned by Council.)**

Name of Employer	Type of Work	Amount of remuneration/ Income
	<u>N/A</u>	

CONFIDENTIAL

Council

Signature by Mayor or Designate: \_\_\_\_\_ Date: \_\_\_\_\_

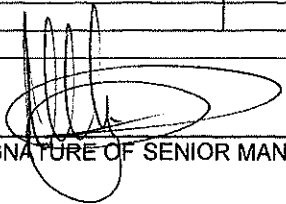
**5. Consultancies, Retainerships and Relationships**

Name of Client	Nature	Type of business activity	Value of any benefits received
	<u>N/A</u>		

6. Subsidies, grants and sponsorships by any organisation		
Source of assistance	Descriptions of assistance	Value of assistance
	N/A	

7. Gifts and Hospitality from a source rather than a family member		
Description	Value	Member
	N/A	

8. Land and Property			
Description	Extent	Area	Value
	N/A		

  
 SIGNATURE OF SENIOR MANAGER  
  
 DATE: 28/07/2023  
 PLACE: Bizana