

DISCLOSURE FORM FOR BENEFITS AND INTERESTS

ANNEXURE F

I, the undersigned (Surname and Initials) MISHENGU S.L
 (Postal Address) NAME AS RESIDENTIAL
 (Residential Address) NO. 1 FAIRWAY STREET, ST. MICHEALS, 028
 (Position Held) SENIOR MANAGER COMMUNITY SERVICES
 (Name of Municipality) KLINNIE MADIKIZELA - MANDELA LOCAL MUNICIPALITY
 Tel: 031 251 0225 Fax: N/A
 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
		N/A	

2. Interest in a trust

Name of trust	Amount of Remuneration/ Income
	N/A

3. Membership, directorships and partnerships

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

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

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

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
		N/A	

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
PROPERTY	11400m ²	11 FAIRWAY ST. MICHAEL'S	R1.6M

 SIGNATURE OF SENIOR MANAGER
DATE: 03/07/2023
PLACE: BIZANA