

ANNEXURE F

DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (Surname and Initials) GWALA, Z.
 (Postal Address) _____
 (Residential Address) NIKWE LOCATION MBIZANA
 (Position Held) SENIOR MANAGER
 (Name of Municipality) WINNIE MADIKIZELA MANDELA L.M.
 Tel: 073 276 5487 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
N/A	N/A	N/A	N/A

2. Interest in a trust

Name of trust	Amount of Remuneration/ Income
N/A	N/A

3. Membership, directorships and partnerships

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

CONFIDENTIAL

Council

Signature by Mayor or Designate: _____ Date: _____

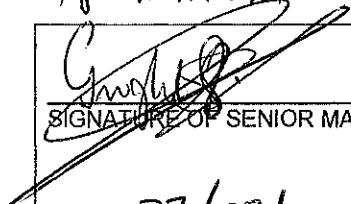
5. Consultancies, Retainerships and Relationships

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

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

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

8. Land and Property			
Description	Extent	Area	Value
Apartment			R1600 000
Apartment			R1200 000



 SIGNATURE OF SENIOR MANAGER

 DATE: 27/07/2023
 PLACE: MBIZANA