

## DECLARATION OF INTERESTS

### CONFIDENTIALITY

The requirement to disclose financial interest shall be extended to all director and executives of Chamber of Commerce for Women in Business in line with section 75 of the South African Companies Act, No. 71 of 2008. A register of interests that have been disclosed by Board members; Audit, Risk and Compliance Committee Members and directors of Chamber of Commerce for Women in Business be maintained by the office of the **CEO**, such information shall be kept in a secure environment and only disclosed to appropriately authorized stakeholders in terms of legislation or Chamber of Commerce for Women in Business policies.

**PERSONAL DETAILS**

**NAME (Surname, full names)** .....

**IDENTITY NUMBER** .....

**POSITION** .....

**RESIDENTIAL ADDRESS** .....

.....

.....

**1. EMPLOYMENT AND CONSULTANCY AND RETAINERSHIP**

Do you hold a position in any company (Paid employment in a business entity – including CC, Joint-Venture or Partnership) with whom the Chamber **might** do business? Yes  No

DETAILS ON “YES” RESPONSES

If the answer to the above questions is “yes” kindly provide / disclose details of:

Number of client	Nature	Type of business activity	Value of any interest received

**2. SHARES AND OTHER FINANCIAL INTERESTS**

Do you currently possess shareholding or other financial interest held in any private or public company or any other corporate entity recognised by law, such that may be in conflict with the Chamber’s business? Yes  No

DETAILS ON “YES” RESPONSES

If the answer to the above questions is “yes” kindly provide / disclose details of:

Number of shares/Extent of financial interests	Nature	Nominal Value	Name of Company/ organization/ institution

**3. DIRECTORSHIP AND PARTNERSHIP**

Name of corporate entity or partnership	Type of business	% of remuneration

**4. SPONSORSHIP**

You are required to disclose the following details with regard to sponsorships if any:

Source of assistance / sponsorship	Description of assistance / sponsorship	Value of assistance / sponsorship

FORM A

**5. FAMILY AND OTHER RELATIONS**

Does your spouse, partner, child/dependent , parent, or close family member (sister/brother) or business associate stand to acquire any direct benefit from a contract concluded with Magalies Water or work for any company (Paid employment in a business entity – including CC, Joint-Venture or Partnership) with who Chamber **might** do business? Yes  No

DETAILS ON “YES” RESPONSES

If the answer to the above questions is “yes” kindly provide / disclose details of:

Type of interest, question and number. (e.g. employment consulting, Investment or family Interests )	Name of Company/ organization/ institution	Nature of interest (business entity belongs to you, family member, spouse/partner or other relations)	Date Interest initiated or ceased (if not still current)

**Miscellaneous:**  
Specify any other interest, which you believe may have the potential to cause a conflict of interest in respect of the performance of your duties or functions on behalf of the Magalies Water.

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**DECLARATION:**

I declare that I have personally completed this form and disclosed all relevant details required for the listed financial disclosure categories. I acknowledge that any non-disclosure, misrepresentation or false information on my part may result in disciplinary action being taken against me. I also acknowledge that the information provided in this declaration is true and correct.

\_\_\_\_\_  
**SIGNATURE OF THE EMPLOYEE**

\_\_\_\_\_  
**DATE**

**PLACE:** \_\_\_\_\_

**ACKNOWLEDGEMENT BY:**  
  
\_\_\_\_\_  
**SIGNATURE**