

DECLARATION OF INTEREST

1. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an application. In view of possible allegations of favoritism, should the resulting application, or part thereof, be approved to persons connected with or related to persons in service of the state, it is required that the applicant or their authorized representative declare their position in relation to the evaluating/adjudicating authority.

2. **The following questionnaire must be completed and submitted with the application.**

2.1 Full Name of applicant or his or her representative:.....

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder):.....

2.4 Company Registration Number:

2.5 Tax Reference Number:.....

2.6 VAT Registration Number:

2.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 3 below.

2.8 Are you presently in the service of the state? **YES / NO**

2.8.1 If yes, furnish particulars.

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¹MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

- (i) any municipal council;
- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council of provinces;

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

² Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

2.9 Have you been in the service of the state for the past twelve months? **YES/NO**

2.9.1 If yes, furnish particulars (employer detail and position of employee)

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2.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation application? **YES / NO**

2.10.1 If yes, furnish particulars.

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2.11 Are you, aware of any relationship (family, friend, other) between any other applicant and any persons in the service of the state who may be involved with the evaluation application? **YES / NO**

2.11.1 If yes, furnish particulars

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2.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

2.12.1 If yes, furnish particulars.

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2.13 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

2.13.1 If yes, furnish particulars.

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2.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business.

YES / NO

2.14.1 If yes, furnish particulars.

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3. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

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Signature

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Date

.....
Capacity

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Name of Applicant