



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**REGISTER OF INTEREST INFORMATION SHEET-  
BOARDS/COMMITTEES/COUNCILS**

I, the undersigned (surname and full names)

Postal address:

Residential address:

Name of employer:

Position held:

Tel:

Cell:

E-mail:

Hereby certify that the following information is complete and correct to the best of my knowledge

\_\_\_\_\_

Surname and initials of member/applicant \_\_\_\_\_

Signature of member/applicant

Date: \_\_\_\_\_ Place: \_\_\_\_\_

1. Shares and other financial interests

Number of shares/Extent of financial interest	Nature	Nominal value in Rands	Name of company or entity

2. Directorships and partnerships

List of directorships and partnerships in any corporate body	Type of business activity	Rand amount of remuneration or benefits in kind

3. Remunerated work

Name of employer	Type of work/business	Rand amount of remuneration

4. Consultancies and retainerships

Name of client	Nature	Type of business activity	Rand value of any benefits received in cash or in kind

5. Sponsorships and assistance

Source of sponsorships or assistance	Description of sponsorship or assistance	Rand value of sponsorship and assistance

6. Gifts and hospitality (From a source other than a family member)

Source	Description of gift or hospitality	Rand value of gift or hospitality

Surname and initials of member/applicant \_\_\_\_\_