Maphali charity

FINANCIAL DISCLOSURE FORM (SAPS)

I, the undersigned (Full Names) HUMBELANI CHARITY MAPHOLI

Pay Number 3300000

Identity Number 8810070657089

Postal address 71 TSHIDIMBINI 0972

Residential address 100 FAIRVIEW, THORNHILL ESTATE, 0699

Tel: 015 505 7100 Email hcmashau@gmail.com

Directorate: ECONOMIC DEVELOPMENT AND PLANNING

Position held DIRECTOR

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

1. Shares and other financial interests (Not bank accounts with financial institutions.)
See information sheet: note **(1)**

Number of shares/Extent of financial interests	Nominal Value	Nature	Name of Company/Entity	Company/Entity registration Number
		NONE		

2. Directorships and partnerships
See information sheet: note **(2)**

Name of corporate entity, partnership or firm	Company/Entity Registration Number	Type of business	Amount of Remuneration/ Income
VC ORAZON PTY LTD		GENERAL	NONE

3. Remunerated work outside the Municipality
Must be sanctioned by Council. See information sheet: note **(3)**

Name of Employer	Type of Work	Amount of remuneration/ Income
	NONE	

4. Consultancies and retainerships
See information sheet: note **(4)**

Name of client	Nature	Type of business activity	Value of any benefits received
	NONE		

5. Sponsorships
See information sheet: note **(5)**

Source of assistance/sponsorship	Description of assistance/ Sponsorship	Value of assistance/sponsorship
	NONE	

6. Land and property
See information sheet: note **(6)**

Description	Extent	Area	Value
100 FAIRVIEW THORNHILL			

7. Other financial Interest
See information sheet: note **(7)**

Details
NONE

SIGNATURE OF EMPLOYEE

DATE: 31/07/2018

PLACE: SENWABARWANA.

PLEASE ENSURE THAT THIS IS SIGNED BY COMMISSIONER OF OATH

OATH/ AFFIRMATION

1. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down her/his answers in his/her presence:

   (I) Do you know and understand the contents of the declaration?

   Answer YES

   (II) Do you have any objection to taking the prescribed oath or affirmation?

   Answer NO

   (III) Do you consider the prescribed oath or affirmation to be binding on your Conscience?

   Answer YES

2. I certify that the deponent has acknowledged that she/he knows and understands the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true, so help me God." / "I truly affirm that the contents of the declaration are true". The signature/mark of the deponent is affixed to the declaration in my presence.

Despondent

Commissioner of Oath /Justice of the Peace

Full first names and surname:
KOMAPE PHUMI PORTIA (Block letters)

Designation (rank) CONSTABLE Ex Officio Republic of South Africa

Street address of institution 38 SCHOEMAN STREET

Date 2018-08-02 Place POLOKWANE

SOUTH AFRICAN POLICE SERVICES
COMMUNITY SERVICE CENTRE
2018 -08- 02
POLOKWANE
SOUTH AFRICAN POLICE SERVICES

CONTENTS NOTED

MUNICIPAL MANAGER: _____

DATE: _____