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DECLARATION OF INTEREST
MBD 4

COMPANY NAME	
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1. No bid will be accepted from persons in the service of the state
 2. Any person, having a kinship with person in the service of the state, including a blood relationship, may make an offer or offers of this invitation of bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to person connected with or related to person in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid

3.1 Full Name _____

3.2 Identity Number _____

3.3 Company Registration Number: _____

3.4 Tax Reference Number _____

3.5 Vat Registration Number _____

Item	Question	Yes	No
3.6	Are you presently in the service of the state?		
3.6.1	If so, furnish particulars		
3.7	Have you been in the service of the state of the past twelve months?		
3.7.1	If so, furnish particulars		
3.8	Do you, have any relationship (family, friend, other) with person in the service of the state and who may be involved with the evaluation and or adjudication of this bid?		
3.8.1	If so, furnish particulars		
3.9	Are you, aware of any relationship (family, friend, other) between a bidder and any person in the service of the state who may be involved with the evaluation and or adjudication of this bid		
3.9.1	If so, furnish particulars		

3.10	Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state?		
3.10.1	If so, furnish particulars		
3.11	Are any spouse, child or parent of the company's directors, managers, principal shareholders in service of the state?		
3.11.1	If so, furnish particulars		

CERTIFICATION

I, THE UNDERSIGNED (NAME) _____
(DIRECTOR /SHAREHOLDER MEMBER/TRUSTEE)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

Capacity

Name