



DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (*Surname and Initials*)

Mankgabe M.F.

Postal Address: Box 111
Modjadjiskloof

Residential Address: 33 Mabel Str

Position Held: Municipal Manager

Tel: _____

Email address: florahm@glm.gov.za

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

1. Shares, securities and other financial interests (Not bank accounts with financial institutions)			
Number of shares/ Extent of financial interest	Nature	Nominal Value	Name of Company/Entity
	N/A		

2. Interest in a trust	
Name of trust	Amount of Remuneration/Income
N/A	N/A

8. Land and Property			
Description	Extent	Area	Value
House		Modjadyskloof	53 000,00

SIGNATURE OF EMPLOYEE: MS

DATE: 1/7/2021

PLACE: Modjadyskloof

SIGNATURE OF EMPLOYER: Matthew m F

DATE: 01/07/2021

PLACE: Modjadyskloof

GREATER LETABA MUNICIPALITY
 2021 -07- 01
 Registering authority
 MODJADISKLOOF

Commissioner of Oath /Justice of the Peace

Full first names and surname: SELHO EMMANUEL SHAE
 (Block letters)

Designation (rank) Chief Licensing Officer Ex Officio Republic of South Africa

Street address of institution PO Box 44 Botha Street Modjadyskloof

Date 01/07/2021 Place Modjadyskloof