



DISCLOSURE FORM FOR BENEFITS AND INTERESTS

I, the undersigned (*Surname and Initials*)Thembsile MthabathaPostal Address: P. O. Box 4413
polokwane
0700Residential Address: 12 Letaba Street, Penira ParkPosition Held: CFOTel: 015 309 9246Email address: thembsile.m@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	

3. Membership, directorships and partnerships		
Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/Income
EL Cleta group	General dealer	—

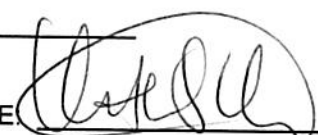
4. Remunerated work outside the Municipality (Must be sanctioned by Council)		
Name of Employer	Type of business	Amount of remuneration/Income
N/A		


5. Consultancies, Retainerships and Relationships			
Name of Client	Nature	Type of business activity	Value of any benefits received
N/A			

6. Subsidies, grants and sponsorships by any organisation		
Source of assistance	Descriptions of assistance	Value of assistance
N/A		

7. Gifts and Hospitality from a source rather than a family member		
Description	Value	Member
N/A		

8. Land and Property			
Description	Extent	Area	Value
Town House	106 m ²	Newspruit	R700 000
Vacant Land	1588 m ²	Polokwane	R1500 000

SIGNATURE OF EMPLOYEE: 
 DATE: 01st July 2021
 PLACE: Modjadjiskloof

SIGNATURE OF EMPLOYER: 
 DATE: 01/07/2021
 PLACE: Modjadjiskloof

GREATER LETABA
 MUNICIPALITY
 2021 -07- 01
 Registering authority
 MODJADJISKLOOF

Commissioner of Oath /Justice of the Peace

Full first names and surname: SELO EMMAWUEL SHAI
 (Block letters)

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

Street address of institution No 44 Botha Street Modjadjiskloof

Date 01/07/2021 Place Modjadjiskloof

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