

## DECLARATION OF INTEREST FORM

*(This form must be completed annually by all members of the accounting authority and its committees)*

ACCOUNTING AUTHORITY OF EWSETA				
<b>PREFIX &amp; FULL NAMES</b>				
<b>ADDRESS</b>				
<b>IDENTITY NUMBER</b>				
<b>CONSTITUENCY</b>				
<b>DECLARATION:</b> Section 11C(1) of the Skills Development Amendment Act 2011 requires the accounting authority members to disclose their conflicts of interest. To comply with the above requirement, this form must be completed by all members of the accounting authority to declare whether they have any monetary or related direct or indirect interest in the entities or organisations outside the SETA which may create real or perceived conflict of interest in the undertaking of the SETA business and execution of fiduciary duties.				
Name of Company / Trust / CC	Nature of Business of Entity	Nature of Business Interest	Date of Acquiring Such Interest	Conducted Business with EWSETA

Signature: \_\_\_\_\_

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_