

Full Names

Applicant ID	
Employee ID	

DECLARATION OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS PER THE CSIR CONDITIONS OF SERVICE PARAGRAPH 22 & 23

Identity No

This form must be updated within 30 days of any changes to the information supplied on this form and submitted to the HR Department.

Please attach any supporting documentation that is relevant to this application.

Applicant / Employee Details

Unit					Passpo			
Department					Job 1	Title		
	Applicant / Employee Declaration							
	I do not hold directorship/shareholding in any company, nor am I a member of a Close Corporation, nor do I have a direct/indirect personal interest in a trade/business undertaking.							
I hold directorship/shareholding in a company / I am a member of a Close Corporation / I have a direct/indirect personal interest in a trade/business undertaking (please complete the relevant sections below)								
	Ple	ease note th	nat a separate form must be	complete	d for each o	leclarati	ion	
			Details of decla	aration				
Directorship / shar	es in a company		Member of a Close Corpor	ation			/ indirect interest in a business undertaking	
Name of the Comp	any / Close Corpor	ation / Busi	iness undertaking / Trade				,	
Registration numb	er of the Company	/ Close Cor	rporation	Date of re	egistration			
Desistered address	a of Company / Cla	- Councus	tion / Business undertaking	r / Trada				
Registered address	s of Company / Cio	se Corpora	tion / Business undertaking	g/ Trade				
Capacity i.e. Direct	tor, Member, Chairr	man, Truste	e etc.					
Date of appointment and/or details of investment								
Detail as to remuneration received i.e. annual director's fees, dividends etc.								

Please provide a brief description of the nature/extent of the interest/s i.e. % shareholding and/or other beneficial interest or contracts and the main objective of the Company / Close Corporation / Business undertaking / Trade								
Family member/s (spouse	next of l	kin) or friend/s that hav are doing business wit	ve an in h the C	terest in SIR	the CSIR or CSIR sup	plier or		
I have no interest to declare regarding	g family me	mber/s or friend/s						
I have an interest to declare regarding	g family me	mber/s or friend/s (Please com	plete the r	elevant sec	ctions below)			
F	lease note:	a separate form must be comp	oleted for e	each declai	ration			
		Details of declarat	ı					
Directorship / shares in a company		Member of a Close Corporation Direct / indirect interest in a trade / business undertaking						
Full name/s of family member (spous	e/next of kir	ı) or friend/s						
Name of the Company / Close Corporation / Business undertaking / Trade								
Registration number of the Company / Close Corporation			Date of registration					
Registered address of Company / Close Corporation / Business undertaking / Trade								
Capacity i.e. Director, Member, Chairman, Trustee etc.								

Date of appointment and/or details of investment							
Detail as to remuneration received i.e. annual director's fees, dividends etc.							
	scription of the nature/extent of the interest/s i.e. % sharehold Company / Close Corporation / Business undertaking / Trade		ner beneficial interest or contracts and				
	Applicant / Employee Declar	ration					
Time spend during office hours: I hereby declare that I will not spend any time during normal office hours to attend to the aforesaid interests (if any) and understand that any contravention hereof may lead to disciplinary action being taken against me. I hereby confirm that I will not use the resources or facilities of the CSIR for conducting any private work.							
Interest in Contracts with the CSIR: I hereby confirm that where the aforesaid Company / Close Corporation / Undertaking may have, or subsequently enter into a business relationship with the CSIR, I shall have no personal involvement in any negotiations between such Company / Close Corporation / Undertaking and the CSIR, and confirm furthermore that I shall disclose my interest in any such dealings to the Head of the Unit at the earliest opportunity.							
I also confirm that where I may be in doubt as to whether I have/may have a personal interest or not, I shall consult with the Head of the Unit.							
I hereby confirm that all the information supplied by me above is true and correct.							
Signature		Date					

Recommendation						
Designation	Date	Name	Signature	Recommended / Not recommended		
Operations Management / Shared Services and Support Management / Competency Area Management						
Comments						
Manager: Human Resources						
Comments						
		Approval				
Designation	Date	Name	Signature	Approved / Not approved		
Executive Director / Centre Manager / Group Manager / Member of Executive Committee						
Comments						