

Applicant ID	
Employee ID	

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

This form must be updated within 30 days of any changes to the information supplied on this form and submitted to the Human Capital Department. Please attach any supporting documentation that is relevant to this application.

Applicant / Employee Details			
Full Names		Identity No	
Division/Cluster/ Portfolio		Passport No	
Department/ Impact Area		Job 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)				
<b>Please note that a separate form must be completed for each declaration</b>				
Details of declaration				
Directorship / shares in a company		Member of a Close Corporation		Direct / indirect interest in a trade / business undertaking
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.

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 kin) or friend/s that have an interest in the CSIR or CSIR supplier or are doing business with the CSIR**

I have no interest to declare regarding family member/s or friend/s

I have an interest to declare regarding family member/s or friend/s (Please complete the relevant sections below)

**Please note: a separate form must be completed for each declaration**

**Details of declaration**

Directorship / shares in a company		Member of a Close Corporation		Direct / indirect interest in a trade / business undertaking	
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Full name/s of family member (spouse/next of kin) 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.

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

### Applicant / Employee Declaration

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 Division/Cluster/Portfolio 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 Division/Cluster/Portfolio.

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				
Comments				
Manager: Human Capital				
Comments				
Approval				
Designation	Date	Name	Signature	Approved / Not approved
Executive Manager / Group Manager / Member of Executive Committee				
Comments				