



FORM II STAFF GENERAL DISCLOSURE FORM IN TERMS OF THE SARSIA CONFLICT OF INTEREST MANAGEMENT POLICY

SURNAME: _____

FORENAMES: _____

DATE OF BIRTH: _____

IDENTITY NUMBER: _____

NATIONALITY: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

COMPANY	REGISTERED OFFICE	COMPANY REGISTRATION NUMBER	STATUS	DATE APPOINTED	INTEREST

I.....hereby declare that the information furnished above is accurate. I also undertake to familiarise myself with, adhere to and uphold, the requirements and conditions as stipulated in the Sasria Conflict of Interest Management Policy and understand that failure to adhere to the policy may result in action being taken against me as an employee.

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Signature

Date