



## ANNEXURE C

### APPLICANTS / IMPLEMENTING AGENT FUNDING DECLARATION OF INTEREST FORM

In view of possible allegations of favouritism, should a grant be awarded to persons connected with or related to NLC employees and its Board members, it is required that the applicants / implementing agents declare their position in relation to the administrative and adjudicating authority, where the legal person on whose behalf the application or request for funding is signed, has a relationship with persons/a person who are/is involved in the administration and or adjudication of the application or request for funding, or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the administration and or adjudication of the grant application or request for funding.

**In order to give effect to the above, the following questionnaire must be completed and submitted with the application.**

1. Full Name of applicant or his or her representative:

---

2. Identity Number:

---

3. Position occupied in the Company (director, trustee, shareholder):

---

4. Registration Number:

---

5. Do you, or any person connected with the applicant / implementing agent, have any relationship (family, friend, other) with a person employed by the NLC? **YES/NO**

If yes, provide details,

NLC EMPLOYEE			
Full Name	Identity Number	Position within the NLC	Nature of Relationship

6. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related organisation with application or request for funding? in progress or funded by the NLC? **YES/NO**

If yes, provide details

<b>APPLICANT OR BENEFICIARY</b>			
<b>Organisation Name</b>	<b>Registration Number</b>	<b>Director Name</b>	<b>Nature of Relationship</b>

7. Are you or any of the directors / trustees / shareholders / members of the organisation exposed to political person/s? **YES/NO**

If yes, provide details

<b>APPLICANT OR BENEFICIARY</b>		
<b>Director Name</b>	<b>Political Person Name</b>	<b>Nature of Relationship</b>

8. Are you or any of the directors / trustees / shareholders / members of the organisation government employees? **YES/NO**

If yes, provide details

<b>APPLICANT OR BENEFICIARY</b>	
<b>Director Name</b>	<b>Name of department</b>

## 9. CONSENT AND DECLARATION

The directors of above organisation hereby voluntarily provide consent for background checks to be carried out on the organization and its directors. I/we agree that such assessment does not infringe any of my/our fundamental rights. I/we accept that the background checks are part of the screening process and that the NLC is under no obligation to fund above business. Furthermore, I am/we are aware that a background checks involves compiling a comprehensive

background and/or and personality profile and that one or more of the following methods are used:

Complete	≥ R 500,000	R 501,000 - R 5,000,000	≤ R 5,000,000
	1-6	1-7	1-10

1	Registration and compliance status of entity at: DSD, Masters Office & CIPC	DSD	Reg Number:
		CIPC	Registration number:
		Masters Office	Masters Reference No:
2	Directorship in other companies		
3	Affiliation with any employee of the NLC (family/friends)		
4	Verification of Property Ownership for Infrastructure Projects if applying for Infrastructure Projects	Deeds Office	Property Owner:
			ERF No :
			Township :
5	Verification with Accounting Bodies [attached copy of registration certificate]	Accounting Professional Information	Name and Surname:
			Professional Body :
			Professional Body Registration No :
6	Verification of Banking Details	Banking Details	Account holder
			Bank name
			Branch code
			Account number
			Account type
7	Checking of records at the Fraud and Corruption related Criminal Record Centre of the SAPS		
9	BIP questionnaire		

**I/WE HEREBY CONFIRM THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND CONSENT THAT MY INFORMATION CAN BE USED STRICTLY FOR THE PURPOSE OF ASSESSING ELIGIBILITY FOR GRANT FUNDING. IF IT IS DETERMINED DURING OR AT ANY TIME AFTER THE EVALUATION PROCESS THAT REQUESTED INFORMATION WAS WITHHELD FOR ANY REASON OR THAT FALSE INFORMATION WAS PROVIDED IT MAY IMPACT NEGATIVELY ON THE OUTCOME OF THE PROCESS.**

*(To be completed by all Directors of the Organisation)*

Director/member name	ID number	Signature

