



VERIFICATION OF INFORMATION FORM

A. COUNCILLOR

FULL NAMES AND SURNAME _____

IDENTITY NUMBER _____

(Attach certified copy of ID document)

Gender (please X)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

E-Mail address _____

RESIDENTIAL ADDRESS

POSTAL ADDRESS

Home Telephone number _____ Cell Number _____

SARS Tax reference number _____

SIGNED AT _____ ON THIS _____ DAY OF _____

MEMBER'S SIGNATURE _____

B. MUNICIPALITY

The MUNICIPALITY of _____

herein presented by _____

being duly authorized to sign this document, hereby confirms:

1. That the COUNCILLOR referred to in this document is a councilor serving on the Council of the aforementioned MUNICIPALITY as from:

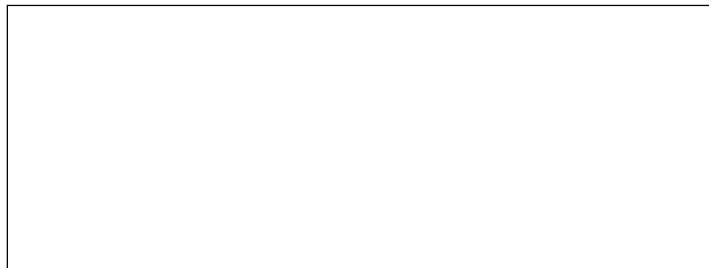
DATE _____

2. That the ID document attached is for the abovementioned Councilor

3. ANNUAL PENSIONABLE SALARY _____

SIGNED AT _____ ON THIS _____ DAY OF

_____ ON BEHALF OF MUNICIPALITY



STAMP OF MUNICIPALITY