

P.O. Box 32035, Braamfontein 2017

Telephone: 011 381 8900 Website: www.inseta.org.za

EMPOWERED TO INFLUENCE AND INSPIRE!

ANNUAL DECLARATION OF INTEREST, DISCLOSURE & CONFIDENTIALITY ATTESTATION INSETA BOARD & BOARD COMMITTEES

November 2024

I, the undersigned accept that all information, documentation and decisions regarding any matter serving before meetings of the above Board/Board committees are confidential. Therefore, I undertake not to disclose any confidential information in this regard, unless authorised to do so.

I also declare that in my capacity as a member/attendee of the above meeting:

- I will not purposely favour or prejudice any person.
- I have no undeclared business interest with respect to the items being discussed.
- I have no business relationship/loans with respect to the items being discussed.
- I have no personal/family relationship/s with respect to the items being discussed.
- There are no Directorship/s, officer and/or employee relationships with respect to the items being discussed.
- I am not the recipient of any gifts and privileges to declare with respect to the items being discussed.

(All my business interests, relationships and/or directorships are disclosed in the attached annexure) Should any of the information pertaining to this declaration change during the year, I hereby undertake to inform INSETA in writing, and to note such interest/conflict in the INSETA Declarations register which is presented at every meeting for members/attendees to complete.

| Signed at | on this | day of | 2024 |
|------------|---------|--------|------|
| Name: | | | |
| Signature: | | | |



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ANNEXURE A: DECLARATION OF INTERESTS & DISCLOSURE

| Do you hold any Trusteeships/Direction Departments? | ectorships on any Boards, State/Pu | iblic Entities and/or |
|--|-------------------------------------|-----------------------------|
| Yes No | | |
| | | |
| 2. Do you have any business de insurance sector entities? | alings with any State/Public Enti | ty, department or |
| Yes No | | |
| Are you currently employed by or yes, please specify the details her | | state/public entity? If |
| Yes No | | |
| If yes to any of the above que | estions, complete below and disc | close further detail |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | nose runtiner detain. |
| FULL NAME OF ENTITY | YOUR ROLE / RELATIONSHIP | PERIOD (from date- to date) |
| | YOUR ROLE / | PERIOD (from date- to |
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| FULL NAME OF ENTITY | YOUR ROLE / RELATIONSHIP | PERIOD (from date- to date) |
|---------------------|-----------------------------|-----------------------------------|
| | | |
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| | | |

| Do any of your family members hold State/Public Entities and/or Departn | • | rusteeship or | n any Boards, |
|---|---------------------------|---------------|---------------|
| Yes No | | | |
| Do any of your family members hav Entity, Department or insurance sed | • / / | ngs with any | State/Public |
| Yes No | | | |
| (For the newpoon of this declaration | . famaile in alexala a ma | | |

(For the purposes of this declaration family includes parents, spouses, siblings and children.)

| If yes to any of the above que | stions, complete below and disc | close further detail. |
|--------------------------------|---------------------------------|-----------------------|
| FULL NAME OF ENTITY | FAMILY MEMBER ROLE / | PERIOD |
| | RELATIONSHIP WITH ENTITY | (from date- to date) |
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|---------------------|--------------------------|----------------------|
| | RELATIONSHIP WITH ENTITY | (from date- to date) |
| | | |
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"State" means -

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.