



national film and video foundation  
SOUTH AFRICA

an agency of the  
Department of Arts and Culture

## DECLARATION OF INTEREST

1	<p>All Applicants must declare direct or indirect interest, including having a kinship with persons employed by the NFVF, including, but not limited to, a blood relationship, may submit applications for funding to the NFVF. In view of possible allegations of favouritism, should the resulting application, or part thereof, be granted to persons connected with or related to them, it is required that the applicant or his/her authorised representative declare his/her position in relation to the said persons /relevant authority where:</p> <ul style="list-style-type: none"> <li>- the applicant/s is connected / related to persons employed by the NFVF; and/or</li> <li>- the applicant/s has a relationship with person/s who are/is involved in the assessment of the application(s), 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 Assessment of the application.</li> </ul>
2	<p><b>In order to give effect to the above, the following questionnaire must be completed and submitted with the application.</b></p> <p>Full Name of applicant or his or her representative: .....</p> <p>Identity Number: .....</p> <p>(In case of a legal person) Position occupied in the Company (director, trustee, shareholder): .....</p> <p>Company Registration Number: .....</p> <p>Tax Reference Number: .....</p> <p>VAT Registration Number: .....</p>

3			
	Are you or any person connected with the applicant presently employed by the NFVF?	<b>YES</b>	<b>NO</b>
	If so, furnish the following particulars:		
	Position occupied in the institution:		
	Any other particulars:		
	Did you or your spouse, or any of person's (legal or natural) their spouses receive funding from the NFVF in the previous twelve months?	<b>YES</b>	<b>NO</b>
	If so, furnish particulars:		

2<sup>nd</sup> Floor, 87 Central Street, Houghton, 2198, South Africa  
Private Bag X04, Northlands, 2116, South Africa  
Tel: +27 11 483 0880 Fax: +27 11 483 0881 Email: [info@nfvf.co.za](mailto:info@nfvf.co.za) Website: [www.nfvf.co.za](http://www.nfvf.co.za)

### Councillors

Ms Mmabatho Ramagoshi (Chairperson); Mr George Leolo (Deputy Chair); Advocate Roshal Dehal; Ms Lorraine Ramathesele; Mr Phillip Molefe; Mr Mfundu Vundla; Ms Desiree Markgraaf; Mr Thabiso Masudubele; Ms Pamela Mashiane; Mr Lesile Mkhabela; Mr Sandile Swana; Mr Brenden Meyer;

Mr Aboobaker Moosa;  
Chief Executive Officer: Zamantungwa Mkosi



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Do you, or any person connected with the applicant, have any relationship (family, friend, other) with a person employed by the NFVF and who may be involved with the assessment of the application?	<b>YES</b>	<b>NO</b>
If so, furnish particulars:		
Are you, or any person connected with the applicant, aware of any relationship (family, friend, other) between any other applicants and any person employed by the NFVF who may be involved with the assessment of this application?	<b>YES</b>	<b>NO</b>
If so, furnish particulars:		
Do you or any of the persons related to this application have any interest in any other related persons (legal/natural) whether or not they have applied for funding?	<b>YES</b>	<b>NO</b>
If so, furnish particulars:		
<b>Disclosure of details of Persons ,directors / trustees / members / shareholders related to the Applicant:</b>		
<b>Full Name</b>	<b>Identity Number</b>	<b>Personal Tax Reference Number</b>

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## **DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT.  
I ACCEPT THAT THE NFVF MAY REJECT THE APPLICATION OR ACT AGAINST ME  
SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
**Date**

.....  
**Full Name and Surname**

.....  
**Signature**

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