



OFFICE OF THE DIRECTOR OF PUBLIC OFFICERS' DECLARATIONS

FOURTH SCHEDULE

(s. 17 (1))

DECLARATION OF ASSETS, LIABILITIES AND BUSINESS INTERESTS BY PUBLIC AND ELECTED OFFICERS

APPLICATION FORM

PARTICULARS OF APPLICANT:

- (a) Surname: .....
(b) Other Names: .....
(c) Identity Number: .....
(a) Date of Birth: .....
(b) Occupation: .....
(c) Contact Details: .....
(i) Physical Address: .....
(ii) Postal Address: .....
(iii) Telephone Number: .....
(iv) Cellular Phone Number: .....
(v) Fax Number: .....
(vi) Email Address: .....

I, the bearer of the particulars, DO HEREBY apply for access to the details of the declaration made by: .....

(State particulars of the Public Officer) submitted to the office of the Director of Public Officers' Declarations pursuant to Section 15 (2). I would like to have access to the following information: .....

.....  
.....  
.....  
.....  
.....

(specify the details being sought) for the following reasons: .....

.....  
.....  
.....  
.....

I DECLARE that the personal details provided above are correct and that I shall use the information sought for the furtherance of the objectives of this Act only.

I make this solemn declaration conscientiously believing the contents hereof to be to the best of my knowledge and information and by virtue of the Oaths, Affirmations and Declaration Act, and I am further aware that I will be committing an offence under this Act should I use the information requested in any way other than for the furtherance of the objectives of the Act.

Declared by the said:.....}

at ..... this}

day of .....}.....  
*Signature of the Applicant*

Before me: .....  
*Commissioner for Oaths*

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FOR THE DIRECTOR'S USE ONLY

Received by: .....

Signature: .....

Title: .....

Date: .....