



## Consent Form for Private Business/Work

### NOTE

1. Complete a separate consent form for every private business/work undertaken.
2. **Incomplete forms will not be approved. (All parts of the document must be completed in order to be considered for approval).**
3. Consent form must be duly signed by the applicant and by the UNIT HEAD/DEPUTY HEAD and by the DCM and be submitted to Performance Monitoring and Evaluation Unit.
4. Consent granted for private business/work is **valid for a three year term** and must be updated within one month if there is any change in the status of an employee in between.
5. **Employees found to be in breach of the Consent to Do Private Business policy will have their consent to do business rescinded with immediate effect.**

### A. APPLICATION

Name ..... Surname: .....  
Service No..... I.D. No: .....  
Designation..... Date of Engagement: .....  
Tel (Office)..... Cell.....  
Cluster..... Unit/Dept: .....

I hereby apply for consent to engage in a private business/work mentioned below, in addition to my employment/engagement with the eThekweni Municipality in terms of Section 4.2(c) of Schedule 2 of the Municipal Systems Act, 2000 which states that;

**“Except with the prior consent of the council of a municipality, a staff member of the municipality may not be engaged in any business, trade or profession other than the work of the municipality”.**

**Name of Company/Business:** \_\_\_\_\_

**Registration No.** \_\_\_\_\_ **Estimated Annual Income:** \_\_\_\_\_

**Nature of Work/Business:** \_\_\_\_\_

I confirm that I am currently engaged or **not** currently engaged in the business named above.

*(Delete whichever is not applicable)*

**Should approval be obtained, I swear that:**

1. I will not be a party to or beneficiary under a contract for the provision of goods or services to any municipality or its entity established by a municipality.
2. I will not make use of municipal work/engagement time, equipment or facilities for the purposes of undertaking the activities of my private business/work.
3. There is no conflict of interest between my private business/work and my work/engagement in Ethekewini Municipality.
4. The under-mentioned business/work will not adversely affect my work/engagement with Ethekewini Municipality
5. The work or business that I wish to be engaged in will not be with any councillor of Ethekewini Municipality.
6. I will not conduct business with the State or be a director of a public or private company conducting business with the State.

**B. DECLARATION**

I, (Full Name) \_\_\_\_\_ (Surname), \_\_\_\_\_ hereby declare that I have read and understood that:

1. Section 4 (3) of Schedule 2 of the Municipal Systems Act provides that no staff member of a municipality may be party to or beneficiary under a contract for the provision of goods or services to any municipality or any municipality entity established by a municipality.
2. Regulation 44 of the MFMA and Section 44 of Ethekewini Municipality Supply Chain Management (SCM) policy prohibits the awarding of bids to a person:
  - a. who is in the service of the state; or
  - b. who is not a natural person, of which any director, manager, principal shareholder or stakeholder is a person in the service of the state; or
  - c. who is an advisor or consultant contracted with the municipality or municipal entity.
3. In terms of section 8(2) of the Public Administration Management Act, 2014 (Act No. 11 of 2014), an employee may not conduct business with the State; or be a director of a public or private company conducting business with the State.
4. Section 8(3) of the Public Administration Management Act, 2014 (Act No. 11 of 2014) states that contravention of subsection (2)—
  - a. (a) is an offence, and any person found guilty of the offence is liable to a fine or imprisonment for a period not exceeding 5 years or both such fine and imprisonment; and
  - b. (b) constitutes serious misconduct which may result in the termination of employment by the employer.

**Signature:** .....

**Date:** .....

### **C. CONFIRMATION BY THE SUPERVISOR**

As the incumbent's **SUPERVISOR** I have verbally confirmed the following with the applicant:

Description	Confirmed/Not Confirmed	Applicant's Signature
The incumbent will not be a party to or beneficiary under a contract for the provision of goods or services to any municipality or its entity established by a municipality.		
The incumbent will not make use of municipal work/engagement time, equipment or facilities for the purposes of undertaking the activities of his/her private business/work.		
The business/work will not adversely affect his/her work/engagement with Ethekwini Municipality		
There is no conflict of interest between the incumbent's private business/work and his/her work/engagement in Ethekwini Municipality		
The work or business that the incumbent wishes to be engaged in will not be with any councillor of Ethekwini Municipality		
State of Private Work/Business (Is the Private Work/Business Active/Inactive)		
The incumbent should <b><u>not</u></b> be involved in private business/work with any organ of the state		

### **D. RECOMMENDATION BY THE UNIT HEAD/DEPUTY HEAD**

As **THE HEAD/DEPUTY HEAD** of the Unit, I, with the information at my disposal hereby (Cross (X) whichever is applicable):

Recommend		Not Recommend	
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**Reason(s)** (Kindly supply reasons whether it is Recommendation or No Recommendation):

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**Signature:** .....

**Date:** .....

**Name:** .....

**Designation:** .....

**Unit:** .....

**Dept.:** .....

**PS:** In the case where the applicant reports directly to the, or is in the office of the:

1. City Manager, the Chief Strategy Officer or the Chief Operations Officer will do the recommendation and the endorsement.
2. Cluster DCM, the DCM will do the recommendation and the endorsement.

**E. Endorsement by the DCM:**

<b>Supported</b>		<b>Not Supported</b>	
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Name: .....

Cluster: .....

Signature: .....

Date: .....

**Reason(s)** (Kindly supply reasons whether **supported** or **not supported**):

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**F. FOR OFFICE USE ONLY**

**CONSENT REVIEW COMMITTEE (CRC) APPROVAL**

**1. Approval/Disapproval:**

The CRC hereby...

<b>APPROVES</b>		<b>DISAPPROVES</b>	
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...the aforementioned consent to do private business/work.

**2. Reasons:**

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Signed on behalf of the CRC by: (Name) \_\_\_\_\_ Designation \_\_\_\_\_

Signature: ..... Date of the CRC meeting: .....