



OFFICE OF THE CHIEF DIRECTOR SUPPLY CHAIN MANAGEMENT

Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, 5608, Private Bag X0032, Bhisho, 5605 REPUBLIC OF SOUTH AFRICA:
Enquiries: Ms X. Shasha Tel: 040 608 4314 . Fax :060 759 8521 . Email: xoliswa.shasha@ecdoe.gov.za
Website: www.ecdoe.gov.za

TO : OFFICE OF THE MEC
OFFICE OF THE SG
ALL DDGs
ALL CHIEF DIRECTORS
ALL DIRECTORS AT H/O AND DISTRICTS
ALL SCHOOL PRINCIPALS AND TEACHERS
ALL GOVERNMENT EMPLOYEES

FROM : SCM PERFORMANCE


SUBJECT : DECLARATION OF RELATIVES

DATE : 20TH MAY 2021

1. The above matter refers.
2. This is a repetitive audit finding over the past years that employees are not disclosing their relatives. All employees of DoE are requested to disclose their family members who are Service Providers and those who are employees of DoE in the form provided in order to ensure that there is no conflict of interest in the procurement process. All employees are requested to submit signed form with the accurate information to their respective District office in SCM Office by not later than 28th May 2021.
3. All Head office officials must submit their fully completed forms per Directorate by the said date to the SCM Compliance office for attention of Ms Shasha or Mr Abongile Gilli contact no. 040 608 4255 4314. Districts are requested to file their forms and submit the list of officials who signed the forms..
4. Your co-operation and understanding is appreciated.



MH HARMSE
CHIEF DIRECTOR: SCM



DATE

APPOINTMENT LETTER 2021



SUPPLY CHAIN MANAGEMENT

Steve Vukile Tshwete Education Complex * Zone 6* Zwelitsha * Private Bag X0032 * Bhisho * 5605 * REPUBLIC OF SOUTH AFRICA * Tel: +27 (0)40 608 4314/4558 Fax: +27 (0)86 7598521

DECLARATION OF RELATIVES

FOR THE 21/22 FINANCIAL PERIOD

NAME AND SURNAME:

PERSAL NUMBER

DESIGNATION :

SECTION AND/OR DISTRICT:

LIST OF MY NEXT OF KIN AND FAMILY MEMBERS: WHO ARE EMPLOYEES OF THE DoE

NO	NAME AND SURNAME	ID NUMBER	PERSAL NUMBER	RELATIONSHIP

LIST OF MY NEXT OF KIN AND FAMILY MEMBERS: WHO ARE SERVICE PROVIDERS TO THE DoE

NO	NAME AND SURNAME	ID NUMBER	SUPPLIER NAME & NUMBER	RELATIONSHIP

I.....the under signed, hereby declares that the information provided above is true & correct and to the best of my knowledge.

.....
Signature



hamba eliquambileyo!