



DIRECTOR'S DECLARATION OF INTERESTS FORMS

Name: Thabi Leoka

Identity Number: [REDACTED]

Directorship, Shareholdings and Paid Remunerations:

COMPANY	DATE OF APPOINTMENT	DATE CEASED

Any other Actual or Potential Conflicts of Interest:

[REDACTED]

I, the undersigned, hereby declare that the information furnished above is true, complete and accurate to the best of my knowledge, information and belief.

Signed: [Signature]

Date: 28 November 2017