

**GIFT REGISTER FOR THE PERIOD 01 APRIL ..... to 30 SEPTEMBER .....**

ANNEXURE B

**DIRECTORATE:** .....

Declaration number	Date received	Receiver				Gift description		Donor details		Noted/ Condoned /Not condoned & Reasons
		Initials and surname	Identity number	PERSAL number	Relationship with donor	Nature and description of gift	Estimated value	Person or Company name and address	Contact details (Name and telephone number)	

<b>Checked by SCM Champion: Print name:</b> ..... .....	<b>Signature:</b> ..... <b>Date:</b> .....	<b>Authorised by : Print name:</b> ..... .....	<b>Signature:</b> ..... <b>Date:</b> .....
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