

DECLARATION OF SECRECY

I

(FULL NAME)

(SURNAME)

(ID NUMBER)

solemnly declare that

1. I have taken note of the provisions of the Protection of Information Act (Act 84 of 1982) and in particular of the provisions of section 4 of the Act.
2. I understand that I shall be guilty of an offence if I reveal any information which I have at my disposal being given access to such information by my daily accessibility which I know or should reasonably know that the security or other interests of the Republic require that it be kept secret from any person other than a person
 - . to whom I may lawfully reveal it; or
 - . to whom it is my duty to reveal it in the interests of the Republic; or
 - . to whom I am authorised by the Head of the Department or by an officer authorised by him to reveal it.
3. I understand that the disclosure of information is not limited to the supplying of documentation, but also the disclosure of facts by word of mouth, as well as the disclosure of facts in any other way, whether by means of photographs, videos, tape recordings, computers, plans, sketches or any other manner by means of which knowledge of facts may be revealed.
4. I am fully aware of the serious consequences that may follow any breach or contravention of the said provisions and instructions.

SIGNATURE: _____

PLACE: _____

DATE: _____

WITNESSES 1. _____

2. _____

OFFICE STAMP