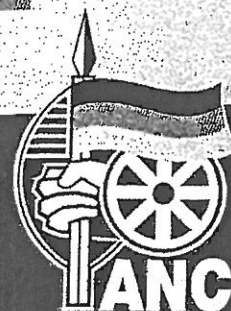


**AFRICAN NATIONAL CONGRESS**  
**OFFICE OF THE SECRETARY GENERAL**

**PROJECT VERITAS**  
**BIOGRAPHICAL DATA: ANC CANDIDATES 2014**  
**NATIONAL & PROVINCIAL ELECTIONS**

**TOGETHER**  
**WE MOVE**  
**SOUTH AFRICA**  
**FORWARD**



# AFRICAN NATIONAL CONGRESS

OFFICE OF THE SECRETARY GENERAL



PROJECT VERITAS

BIOGRAPHICAL DATA: ANC CANDIDATES 2014 NATIONAL & PROVINCIAL ELECTIONS

PLEASE SPECIFY LIST: NATIONAL TO NATIONAL ☐ PROVINCE TO NATIONAL ☐ PROVINCE TO PROVINCE ☐

## SECTION 1: PERSONAL PARTICULARS

SURNAME

INITIALS

FULL NAMES

DATE OF BIRTH  DATE  MONTH  YEAR

ID NUMBER

SEX  M  F

PLEASE NOTE: IT IS NOT OBLIGATORY TO REPLY TO THE NEXT QUESTION, BUT SUBMISSION OF THIS INFORMATION WILL BE APPRECIATED

RELIGIOUS AFFILIATION:  CHRISTIAN  MUSLIM  JEWISH  BUDDHIST  HINDU  AFRICAN TRADITIONAL  AGNOSTIC  ATHEIST

DISABILITY:  BLIND  DEAF  MUTE  PHYSICAL  OTHER

ANC MEMBERSHIP NUMBER

EXPIRY DATE: MEMBERSHIP  FROM  TO   
Y  M  D  Y  M  D

NAME OF ANC BRANCH

PASSPORT TYPE  PRIVATE  OFFICIAL  DIPLOMATIC   
PASSPORT NUMBER   
COUNTRY & PLACE OF ISSUE

DATE OF ISSUE
DATE OF EXPIRY

Y	M	D

PHYSICAL ADDRESS
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POSTAL ADDRESS
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PHYSICAL ADDRESS OUTSIDE THE COUNTRY
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TELEPHONE
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CELLULAR NUMBER
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FAX NUMBER
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E-MAIL ADDRESS 1
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E-MAIL ADDRESS 2
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E-MAIL ADDRESS 3
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MARITAL STATUS
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MARRIED
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SINGLE
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DIVORCED
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REFERENCES
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LIST AT LEAST FIVE (5) PERSONS (NOT RELATIVES OR COMRADES) WHO HAVE KNOWN YOU WELL FOR THE PAST 5 YEARS AND WHO WOULD BE WILLING TO VOUCH FOR YOU				
FIRST NAMES & SURNAME	BUSINESS ADDRESS	TELEPHONE NUMBER	OCCUPATION	PERIOD KNOWN SINCE



## SECTION 2: INFORMATION REGARDING LIFE PARTNERS AND/OR SPOUSES

(PLEASE MAKE COPIES OF THIS SECTION FOR EACH LIFE PARTNER AND/OR SPOUSE)

SURNAME												
INITIALS												
FULL NAMES												
FIRST NAME												
MAIDEN NAME												
DATE AND PLACE OF BIRTH	Y	Y	M	M	D	D	COUNTRY					
							CITY / TOWN					
CITIZENSHIP												
IDENTITY NUMBER												
CITIZENSHIP OBTAINED FROM OTHER COUNTRIES	YES	NO										
	FROM	TO										
	Y	M	D	Y	M	D	PASSPORT NUMBER					
IF IMMIGRATED TO THE RSA, STATE FROM WHICH COUNTRY												
IMMIGRATION DATE	Y	M	D	DATE OF IMMIGRATION CERTIFICATE				Y	M	D		
NUMBER OF IMMIGRATION CERTIFICATE												
IF NATURALIZED IN THE RSA, STATE FROM WHICH COUNTRY												
NATURALIZATION DATE	Y	M	D	DATE OF NATURALIZATION CERTIFICATE				Y	M	D		

NUMBER OF NATURALIZATION CERTIFICATE

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PASSPORT TYPE  
PASSPORT NUMBER  
COUNTRY & PLACE OF ISSUE  
EXPIRY DATE

PRIVATE		
Y	M	D


PASSPORT TYPE  
PASSPORT NUMBER  
COUNTRY & PLACE OF ISSUE  
EXPIRY DATE

OFFICIAL		
Y	M	D


PASSPORT TYPE  
PASSPORT NUMBER  
COUNTRY & PLACE OF ISSUE  
EXPIRY DATE

DIPLOMATIC		
Y	M	D


### SECTION 3: EMPLOYMENT HISTORY

[illegible]

## SECTION 4: EDUCATIONAL BACKGROUND

[illegible]

HIGHEST ACADEMIC QUALIFICATION	
AREA OF EXPERTISE	


DO YOU WISH TO BE DEPLOYED IN A SECTOR COMPATIBLE WITH YOUR AREA OF EXPERTISE.

YES	NO

[illegible]



## SECTION 5: VISITS / RESIDENCE OUTSIDE THE RSA

LIST ALL THE VISITS TO AND / OR PERIODS OF RESIDENCE IN COUNTRIES OUTSIDE RSA BY YOU AND /OR SPOUSE (OFFICIAL/PRIVATE)

[illegible]

## SECTION 6: FINANCIAL INFORMATION

HAVE YOU EVER BEEN DECLARED INSOLVENT OR HAS YOUR ESTATE EVER BEEN PLACED UNDER ADMINISTRATION? IF SO, STATE		
PLACE	DATE	IF REHABILITATED, STATE COURT AND DATE

HAVE YOU EVER BEEN SUMMONED FOR DEBTS? IF SO, STATE				
PLACE	DATE	BY WHOM	AMOUNT	RESULT

WHICH SHARED FINANCIAL ACCOUNTS DO YOU HAVE? E.G. SPOUSE, FRIEND, RELATIVE ETC.				
NAME OF INSTITUTION	BRANCH	ACCOUNT HOLDER'S NAME	ACCOUNT NUMBER	REFERENCE E.G. BANK MANAGER

ADDITIONAL INCOME	YES	NO		
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NATURE OF ADDITIONAL INCOME:

DID YOU RECEIVE AUTHORISATION FROM YOUR EMPLOYER TO EARN ADDITIONAL INCOME		YES		NO	
--	--	-----	--	----	--

STATE PARTICULARS OF ALL ACCOUNTS: CURRENT, CREDIT CARD, SAVINGS ACCOUNTS, HOME LOANS, CAR LOANS AND/OR PERSONAL LOANS				
NAME OF FINANCIAL INSTITUTION	BRANCH	ACCOUNT HOLDERS NAME	ACCOUNT NUMBER	NAME OF FINANCIAL REFERENCE E.G. BANK MANAGER

STATE ANY LARGE PAYMENTS RECEIVED FROM OUTSIDE / OTHER SOURCE E.G. ANNUITY PAYOUTS:

HAVE YOU IN THE PAST TWO YEARS BEEN INVOLVED IN ANY FORM OF GAMBLING?	FREQUENCY
TYPE OF GAMBLING	

BREAKDOWN OF MONTHLY EXPENDITURE	MORTGAGE BOND	SCHOOL FEES FOR CHILDREN

MONTHLY CAR(S) INSTALMENT	TELEPHONE BILLS	GROCERIES
PETROL	INSURANCE POLICIES	
ANY OTHER EXPENSES I.e. GARDENING AND HOUSE KEEPING	WATER & LIGHTS	
PERSONAL / CASH LOANS		

OTHER THAN YOUR HOUSE, WHAT PROPERTIES DO YOU POSSESS?				
NAME OF PROPERTY	LOCATION	TO WHOM IS IT REGISTERED?	STATUS OF PAYMENT FOR THE PROPERTY E.G. PAID OFF OR STILL PAYING	MONTHLY REPAYMENT SCHEDULE

DO YOU HAVE ANY BUSINESS INTERESTS OR SHARES IN ANY BUSINESS?				
NAME OF COMPANY	LOCATION	TO WHOM IS IT REGISTERED?	STATUS OF PAYMENT FOR THE PROPERTY e.g. PAID OFF OR STILL PAYING	MONTHLY REPAYMENT SCHEDULE



HAVE YOU BEEN INVOLVED IN A TENDER PROCESS?    YES    NO

NAME OF PROJECT	DATE	COMPANY INVOLVED	RELATIONS WITH THE COMPANY

HAVE YOU IN THE COURSE OF YOUR WORK, RECEIVED ANY GIFTS?    YES    NO

FROM	DATE	TYPE OF GIFT	NAME OF COMPANY	DECLARATION OF GIFT

## SECTION 7: ANG MEMBERSHIP

DESCRIBE YOUR HISTORY IN THE ORGANISATION

[illegible][illegible]

ARE YOU CURRENTLY FACING ANY DISCIPLINARY CHARGES?				YES	NO
Y	M	D	CHARGE	FINDINGS	

HAVE YOU IN THE PAST YEAR TAKEN ANY ORGANISATIONAL DOCUMENT, FLASH DISK, LAPTOP WITHOUT PROPER AUTHORISATION?			
DO YOU TAKE WORK HOME? IF YES, HOW FREQUENTLY?			
DO YOU HAVE ANY ORGANISATIONAL EQUIPMENT AT YOUR HOUSE? IF YES, SPECIFY			
EQUIPMENT	BOOKED TO YOU WHEN?	PURPOSE	AUTHORISATION

HAVE YOU IN THE PAST 5 YEARS DISCUSSED ORGANISATIONAL SECRETS WITH ANY ONE OUTSIDE THE ANC (EXCEPT ON OFFICIAL DUTY)?			
YES		NO	
WITH WHOM	CONTENTS OF DISCUSSION		

HAVE YOU EVER BEEN ASKED QUESTIONS ABOUT ORGANISATIONAL SECRETS?			
YES	NO		

WHO	YOUR RELATIONS WITH THE PERSON	WHEN - PERIOD

LIST AT LEAST FIVE (5) COMRADES WHO HAVE KNOWN YOU WELL FOR THE PAST FIVE (5) YEARS AND WHO WOULD BE WILLING TO VOUCH FOR YOU				
FIRST NAMES & SURNAME	BUSINESS ADDRESS	TELEPHONE NUMBER	ORGANISATIONAL ROLE	PERIOD KNOWN SINCE



## SECTION 8: HEALTH STATUS

HAVE YOU OR YOUR IMMEDIATE FAMILY MEMBER EVER RECEIVED TREATMENT FROM A PSYCHIATRIST / PSYCHOLOGIST OR A NEUROLOGICAL CLINIC

[illegible]

LIST ALL ILLNESSES AND / OR OPERATIONS UNDERGONE WHICH CAUSED YOUR ABSENCE FROM ORGANISATIONAL ACTIVITIES

[illegible]

## SECTION 9: RELATIVES/FAMILY MEMBERS

[illegible][illegible]

IN CASE OF PREVIOUS MARRIAGE(S) - YOURSELF AND / OR SPOUSE - SUPPLY DETAILS OF PREVIOUS SPOUSE (S)	
1. Name of Spouse	2. Date of Marriage
3. Date of Divorce	4. Reason for Divorce
5. Name of Spouse	6. Date of Marriage
7. Date of Divorce	8. Reason for Divorce

[illegible]

## SECTION 10: LEGAL MATTERS

HAVE YOU EVER BEEN INVOLVED IN ANY LEGAL ACTION OR BEEN CONVICTED OF ANY CRIME? IF SO, STATE:

### 1. CIVIL ACTIONS

PLACE

Y

M

D

NATURE OF ACTION

FINDINGS / VERDICT

### 2. CRIMINAL OFFENCES (TRAFFIC INFRINGEMENTS EXCLUDED)

### 3. POLITICAL OFFENCES

## SECTION 11: MEMBERSHIP TO ALLIANCE STRUCTURES

[illegible]



## SECTION 12: MEMBERSHIP TO OTHER ORGANISATIONS

[illegible]

**SECTION 13: DEPENDENTS**

NAME	NATURE OF RELATIONSHIP E.G. CHILD	DATE OF BIRTH	CURRENT ACTIVITIES

## SECTION 14: PLEDGE OF ALLEGIANCE

ANY OTHER INFORMATION YOU MAY DEEM NECESSARY TO PROVIDE:


THE CONTENTS OF THIS FORM MUST BE CERTIFIED AS CORRECT

I, \_\_\_\_\_ ANC MEMBERSHIP NUMBER : \_\_\_\_\_

HEREBY DECLARE UNDER OATH THAT, HAVING GIVEN DUE CONSIDERATION TO THE FACT THAT THE ANC IS A VOLUNTARY ORGANISATION, AS WELL AS THE OATH I UNDERTOOK UPON BECOMING A MEMBER OF THE ANC :

A. I WILL ABIDE LOYALLY TO THE CONSTITUTION OF THE ANC, THE POLICIES OF THE ORGANISATION, INCLUDING THE CODE OF CONDUCT FOR PUBLIC REPRESENTATIVES ADOPTED BY THE NATIONAL EXECUTIVE COMMITTEE (NEC) IN 1996, AS WELL AS THE DISCIPLINARY CODE OF THE ANC, AS CONTAINED IN RULE 25 OF THE ANC CONSTITUTION;

B. I ACCEPT MY NOMINATION AS A CANDIDATE IN THE 2014 NATIONAL & PROVINCIAL ELECTION WITHOUT PREJUDICE TO THE ORGANISATION;

C. I ACCEPT THAT THE ANC RETAINS ITS RIGHT AND PREROGATIVE TO RE-DEPLOY ME, AS THE ORGANISATION MAY DEEM NECESSARY;

D. THE INFORMATION I PROVIDED IN THIS FORM IS ACCURATE, CORRECT AND TRUE; AND

E. I ACKNOWLEDGE THAT ANY FALSE INFORMATION SUBMITTED WILL HAVE A NEGATIVE EFFECT ON MY CANDIDACY AND POSSIBLY ALSO MY MEMBERSHIP STATUS OF THE ORGANISATION.

SIGNATURE OF MEMBER: \_\_\_\_\_

PLACE: \_\_\_\_\_

DATE:	Y	M	D