

Referral Fee Declaration Form

Referral Fee Candidate Declaration

Candidate Full Name: _____

Current Employer: _____

Position/Title: _____

Contact Number: _____

Email Address: _____

1. Purpose of This Declaration

This declaration is made in connection with the payment of a referral fee by [Company Name] for [describe the referral].

2. Declaration of compliance with Employer policies

I hereby declare that:

- I am permitted to receive a referral fee in terms of my employment contract or employer policies.
- I have confirmed that accepting this fee does not violate any conflict-of-interest, anti-bribery or ethical rules.
- I have disclosed or obtained approval from my employer if required.

3. Conflict of Interest Declaration

I declare that receiving this referral fee does not create any conflict of interest related to my employment.

Benjamin Anderson, Ndumiso Sanele Kubheka, Lindiwe Sebesho

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4. Financial Responsibility & Tax Compliance

I acknowledge that I am solely responsible for any tax obligations related to this payment.

(If employed by Da Vinci the payment will be added to the monthly payroll).

5. Truthfulness of Declaration

I confirm all information provided is true and accurate and understand the consequences of providing false information.

6. Acknowledgment and Consent

Candidate Signature: _____

Full Name: _____

Date: _____

FOR INTERNAL USE

Referral Verified By: _____

Position: _____

Date: _____

Referral Fee Amount Approved: R _____

Payment Date: _____

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