Appendix 6.ii (Section 6.2.3.1)

## **REQUEST TO PERFORM PRIVATE WORK**

NAME: MR/MS			
GRADE/POSITION:ID	NO:		
DIRECTORATE:			
OFFICER'S ADDRESS:			
NAME OF EMPLOYER:			
If self-employed, please give your VAT Registration No			
TYPE OF PRIVATE WORK:			
WEEKLY NUMBER OF HOURS WORKED:			
REMUNERATION INVOLVED:			
Signature	Date		
Director's remarks	Approved/Not Approved		
Director's Signature	Permanent Secretary's Signature		

cc: Commissioner of Inland Revenue

**Information Protected**: Personal information provided on this form is protected and used in accordance with the Data Protection Act (Cap. 586). The information shown may be used for a record purposes by the Ministry/Department indicated and the Department of Inland Revenue.

## **DECLARATION — CONFLICT OF INTEREST**

With reference to my application to perform part-time work I hereby declare that I do not		
have any conflict of interest between	en my private work and my duties of	
	<del>-</del>	
Date:	Signature:	
I. D. Nos.		
Name in Block Letters:		
Grade:		
Directorate:	·	
E-mail Address:		