



SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor
Name & Surname	David R. Katerere
Name of Primary Employer or Self-Employed	Tshwane University of Technology
Position Held	Professor – Pharmaceutical Science

I hereby certify that the following information is complete and correct to the best of my knowledge and I hereby declare to have the following interests:

Please provide details of any potential conflicts of interests arising out of the following:

(1) Board Directorships <i>(Please provide the full name of the organisation/institution/entity)</i>	
1.	PharmaVision (Botswana)
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
(2) Research Funding <i>(funding you/ your Institution/Organisation is receiving from the SAMRC)</i>	
Mid Career Scientist Programme	
(3) Shareholding/Financial Interests	
Only declare interests in companies that provide goods or services to the SAMRC	
NONE	

<p>(4) Major academic collaborators [national and international] Please declare all significant collaborations outside your primary institution or organisation</p>
<p>University of Naples University of Eastern Finland</p>
<p>(5) Interests of Close Family Members: Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family members associated with or employed by an institution/organisation/company that receives funding from the SAMRC or provides goods and services to the SAMRC.</p>
<p>NONE</p>
<p>(6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value</p>
<p>NONE</p>
<p>(7) Any other interests you wish to declare:</p>
<p>SAHPRA Advisory Committee</p>

Signature:



Date: 16.11.2017