SAMRC BOARD MEMBER
ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor
Name & Surname	Lufuno Rudo Mathivha
Name of Primary Employer or Self-Employed	Chris Hani Baragwanath Academic Hospital & University of the Witwatersrand
Position Held	Part Time Medical Specialist ICU

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 (*Please provide the full name of the organisation/institution/entity)*	
1.	Invited to serve as Board Member of the Univen MER Mathivha Center for African Languages
2.	
3.	
4.	
5.	
6.	
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8.	
9.	
10.	
(2) Research Funding *(funding you/ your Institution/Organisation is receiving from the SAMRC)*	
N/A	
(3) Shareholding/Financial Interests Only declare interests in companies that provide goods or services to the SAMRC	
N/A	

(4) Major academic collaborators *[national and international]* Please declare all significant collaborations outside your primary institution or organisation
N/A
(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.
N/A
(6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value
N/A
(7) Any other interests you wish to declare:
N/A

Signature: L.R.Mathivha

Date: