

SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title	MS
Name & Surname	Doris Dondur
Name of Primary Employer or Self-Employed	Self-Employed
Position Held	Sole Trader

I hereby declare 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>				
NAME & REGISTERED ADDRESS OF ENTITY	REGISTRATION NO	CAPACITY	DATE OF APPOINTMENT	NATURE OF INTEREST OR NO OF SHARES HELD
SA Medical Research Council	State owned entity	NED	November 2022	NED
Tshikululu Social Investments NPC	1998/010772/08	NED	April 2023	NED
ATNS	State owned entity	NED	June 2025	NED
Gaia Fibonacci Fibre REIT 1 Ltd	2021/926046/06	NED	23 October 2024	NED
Doris Dondur Consulting CC (Dormant)	2010/104638/23	M (Sole Member)	12 July 2010	100%
AUDIT COMMITTEE MEMBERSHIP				
NAME OF ENTITY	TYPE OF ENTITY	CAPACITY	DATE OF APPOINTMENT	END OF TERM
Office of The Tax Ombud	Public Entity	Audit Committee Chairman	September 2024	September 2027 (Renewable)
Department of Home Affairs	National Department	AC Member – May 2021 AC Chairman - May 2024		May 2027 (Non-Renewable)
Motor Industry Bargaining Council (MIBCO)	Organised Labour	Audit Committee Member	October 2024	September 2027 (Renewable)
IEC	Public Entity	Audit Committee Chairman	October 2024	September 2027 (Renewable)
No Conflict of Interest				

(2) Research Funding <i>(funding you/ your Institution/Organisation is receiving from the SAMRC)</i>
NONE
(3) Shareholding/Financial Interests Only declare interests in companies that provide goods or services to the SAMRC
NONE

(4) Major academic collaborators <i>[national and international]</i> Please declare all significant collaborations outside your primary institution or organisation
NOT APPLICABLE

(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.
NONE

(6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value
NONE

(7) Any other interests you wish to declare:
NONE



Signature:

Date: 14 November 2025