

Gifts, Entertainment, Hospitality or Travel Registration Form

Form 4

No	Date	Description & Purpose of Item	Estimated/ Actual Value (indicate the currency)	Given by (name and organisation)	Provided to (name and organisation)
1					
2					
3					
4					
5					
6					
7					
8					

Please add rows as necessary

Remarks: _____

Prepared by (Giver/Receiver): _____

Name:

Position:

Date:

Verified by: _____

Name:

Position:

Date:

For GRC department use:

Reviewed by: _____

Name:

Position:

Date:

Acknowledged by: _____

Name:

Position:

Date: