

Conflict of Interest Declaration Form

Person making declaration

First Name:		Job Title/ Role:	
Last Name:		Division:	
Email Address:		Contact Number:	
Signature		Date:	

I hereby declare an actual/potential Conflict of Interest and will take the following actions to minimize the actual/potential Conflict of Interest.

COI	Declaration	Action I will take to minimize COI
Dealing with Suppliers		
Dealing with Customers		
Dealing with Competitors		
Employment / Activities outside of the company		
Family members / close persons		
Investment / Financial activities		
Board Members		
Other Conflicts of Interest		

The person making the declaration must have the form reviewed by the Conflict-of-Interest Committee (COIC). The COIC would have the final say in the actions to be taken to resolve / minimize the Conflict of Interest(s).

COI		COI comments	Reviewed by COIC:	Date reviewed
Procurement related	Dealing with Suppliers			
	Dealing with Customers			
	Dealing with Competitors			
HR related	Employment / Activities outside of the company			
	Family members / close persons			
Governance related	Investment / Financial activities			
	Board Members			
	Other Conflict of Interest			

Approved: Conflict of Interest Committee members (any 2 or more members to sign):

_____	_____
_____	_____
_____	_____

Date _____