

Annual Conflict of Interest Declaration Form

Full Name

Position/Title

Department/Unit

Date

Disclosure of Interests

Please answer the following questions regarding potential or actual conflicts of interest:

☐ I (or my immediate family) have a financial or personal interest in another business or organization that could conflict with my duties.

If yes, provide details (names, relationship, nature of interest, etc.)

☐ I currently have other employment, consulting roles, or outside positions that might conflict with my organization's interests.

If yes, provide details

☐ I have accepted gifts, favors, or hospitality from persons or organizations doing business with this organization.

If yes, provide details

☐ I am aware of other situations that could potentially create a conflict of interest.

If yes, provide details

Declaration

I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge. I understand that I must promptly update this Declaration if a relevant situation arises or changes.

Signature

Type full name as signature

Date of Signature

Important Notes:

- This form must be completed annually by all staff, board members, or relevant stakeholders.
- Failure to disclose potential conflicts of interest may result in disciplinary action.
- Disclosure does not necessarily indicate a problem, but transparency is essential.
- If unsure about a situation, it is better to declare and seek advice.
- All disclosures are handled confidentially in accordance with organizational policy.