

Initial Conflict of Interest Self-Assessment Questionnaire

This form is designed to help identify any potential or actual conflicts of interest. All information will be treated confidentially.

Personal Information

Full Name

Position/Title

Date

Self-Assessment Questions

1. Do you or a family member have any significant financial interest in any organization that does business with or seeks to do business with our company?

Select

If yes, please provide details.

2. Are you involved in any outside employment, consultancy, or fiduciary roles (e.g., board member, advisor) with any organization that interacts with our company?

Select

If yes, please provide details.

3. Have you accepted, or been offered, any gifts, benefits, or hospitality from any external party doing business with our company?

Select

If yes, please provide details.

4. Are there any personal relationships (family, close friendships) you have with employees, contractors, or vendors of our company that could affect your objectivity?

Select

If yes, please provide details.

Declaration

Please declare any other situation or context that could be perceived as a conflict of interest:

Your declaration here.

Important Notes

- Accurate disclosure is essential to maintain transparency and trust.
- If in doubt about any relationship or interest, it is better to disclose.
- Completion of this questionnaire does not imply wrongdoing; it is a standard risk management measure.
- All disclosed information will be kept confidential and used solely for compliance purposes.
- Conflicts of interest can arise unexpectedly; please update this form as situations change.