

Conflict of Interest Declaration Form

This **Conflict of Interest Declaration Form** is used to ensure transparency by requiring employees to disclose any personal interests that may influence their professional decisions. Proper completion of this form helps maintain ethical standards and supports a fair and accountable work environment.

Employee Information

Name:

Position/Title:

Department:

Date:

Conflict of Interest Details

Please indicate whether you have, or may have, any conflicts of interest as described below:

- Financial interests (ownership, investments, or payments) in companies/organizations relevant to your duties
- Relationships (family, friends, business) that could influence your decision-making
- Outside employment or activities that could conflict with your role
- Any other potential conflicting interest

I have NO conflicts of interest to declare.

I DO have the following conflicts of interest to declare:

If yes, please provide details...

Employee Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I undertake to notify my supervisor/management immediately if my circumstances change and a potential conflict arises.

Signature:

Date:

Submit