关于落实干部员工利益冲突申报的

工作提示

各产业集团风险控制部：

为进一步落实集团“合规年”工作要求，规范集团干部员工及近亲属与集团及下属成员公司的关联经商行为，防止利益输送，维护集团利益，集团董事局办公室、风险控制部等部门联合制定《关于进一步明确集团干部员工及近亲属关联经商相关要求的业务通告》（HNA-BOD-Notification-2017-7），同时结合《海航集团诚信与合规行为准则》中“避免利益冲突，禁止利益输送”的相关要求，各级风险控制部需对干部员工利益冲突申报工作进行规范管理，请各单位组织开展相关工作并进行常态化管理。

一、首次申报

各级风险控制部应根据业务通告相关要求组织落实本单位或下属单位干部员工利益冲突申报工作：

1.制定并下发开展利益冲突申报工作通知，明确具体申报要求、申报途径，组织各单位干部员工限期提交利益冲突申报表（见附件），明确并反馈工作具体责任人、完成时限。

2.利益冲突申报表须由干部员工本人亲自填写、签字并捺指印，经扫描后保存电子版文档，后续纳入干部员工合规诚信记录档案。

二、常态管理

1.各级风险控制部作为归口管理部门应将防范利益冲突作为常态化合规管理工作，每年年初需统筹组织本单位干部员工开展利益冲突申报工作，并要求干部员工视个人及家庭情况不定期进行申报。

2.干部员工申报事项可能存在利益冲突情况或干部员工咨询执业行为是否存在利益冲突时，风险控制部应商相关业务归口管理单位明确行为性质、是否构成利益冲突和违规违纪事实以及严重程度，并向其所在单位第一负责人报告。

3.各单位在开展利益冲突申报工作过程中，需注意保障干部员工个人隐私，不得泄露干部员工申报相关信息。

4.申报工作结果及存在利益冲突情况的处理结果应及时报备集团风险控制部。

附件：海航集团干部员工利益冲突申报表

海航集团风险控制部

2017年10月18日

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| --- | --- | --- | --- |
| **海航集团干部员工利益冲突申报表** | | | |
| 员工姓名 |  | 工作地点 |  |
| 工作单位 |  | 职务 |  |
| 员工号 |  | 直属领导 |  |
| 请仔细阅读并在合适的框中勾选。如下述内容部分有勾选“是”，请在附表中详述所有相关细节内容。 | | | |
| 1. 本人是其他企业的股东（拥有总数的5％以上的股份），董事，受托人，合伙人（一般或有限制），雇员或 顾问、代理人，该企业与海航集团有业务往来或有其他关系，包括但不限于海航集团的客户、承包商、供应商或竞争对手。  □ 是 □ 否 2. 本人直接或间接拥有某私营企业股权，向其提供贷款或其他财务支持，该企业与海航集团有业务往来或有其他关系，包括但不限于海航集团客户、承包商、供应商或竞争对手。 □ 是 □ 否 3.本人有近亲属目前在海航工作。 □ 是 □ 否 4. 本人的近亲属或具有亲密关系的其他人是其他企业的股东（拥有总数的5％以上的股份），董事，受托人，合伙人（一般或有限制），雇员或 顾问、代理人，该企业与海航集团有业务往来或有其他关系，包括但不限于海航集团的客户、承包商、供应商或竞争对手。 □ 是 □ 否 5. 本人的近亲属或具有亲密关系的其他人直接或间接拥有某私营企业股权，向其提供贷款或其他财务支持，该企业与海航集团有业务往来或有其他关系，包括但不限于海航集团客户、承包商、供应商或竞争对手。 □ 是 □ 否 6. 本人的近亲属或具有亲密关系的其他人目前就职于政府或是与海航集团有业务关系的机构或部门的公务员（海航集团可通过此机构获得许可证或执照）。 □ 是 □ 否 7. 其他存在或可能存在利益冲突的情况， 这些情况是： | | | |
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| **尽我所知，以上我提供的信息是完整准确的。 如果我对任何陈述勾选“是”，我愿意配合解决潜在的利益冲突。上述信息如有更改，我有责任更新此声明。** | | | |
| 签名 |  | 日期 |  |

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| **HNA Conflict of Interests Declaration Form** | | | | |
| **Name of Employee** | |  | **Location** |  |
| **Company** | |  | **Position** |  |
| **HNA ID** | |  | **Line Manager** |  |
| **Please carefully read and tick the appropriate box.**  **If you tick “YES” to any statement then describe all relevant details on the attached sheet**. | | | | |
| 1. I am an owner (having shares over 5% of the total), officer, director, trustee, partner (general or limited), employee, or retained worker/consultant/agent with an entity that does business with HNA or has any other relationship with HNA, including, without limitation, a HNA customer, supplier or competitor.  Yes  No  2. Separate from Statement 1, I have direct or indirect ownership of shares or stock in, provided loans or other financial support to a privately held entity that does business with HNA or has any other relationship with HNA, including, without limitation, a HNA customer, supplier or competitor.  Yes  No  3. I am aware that an immediate family member is currently working for HNA.  Yes  No  4. I am aware that an immediate family member or other person with a close personal relationship, is an owner (having shares over 5% of the total), officer, director, trustee, partner (general or limited), employee or regularly retained worker/consultant/agent with an entity that does business with HNA or has any other relationship with HNA, including, without limitation, a customer, contractor, supplier or competitor of HNA.  Yes  No  5. I am aware that an immediate family member or other person with a close personal relationship, has direct or indirect ownership of shares or stock in, provided loans or other financial support to, a privately held entity that does business with HNA or has any other relationship with HNA, including without limitation, a HNA customer, supplier or competitor.  Yes  No  6. I am aware that an immediate family member or other person with a close personal relationship is currently employed in the government or as civil servant(s) in an agency or department with which HNA interacts or does business (e.g. agency from which HNA obtains permits or licenses).  Yes  No  7. I am aware of other circumstances that create a conflict of interests with HNA or that may cause a reasonable person to question my objectivity or duty of loyalty to HNA. These circumstances are:  ………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
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| **The information I have provided is complete and accurate to the best of my knowledge and belief**  If the answer to any statement above is “yes,” I agree to provide further information and cooperate in resolving the potential conflict of interest. I acknowledge that it is my responsibility to update this declaration if there are any changes or new information relevant to my responses above. | | | | |
| **Signature** |  | | **Date** |  |