

Appendix 1 – Conflict of Interests Declaration Form

A) Employee's details

Full name:		Employee ID:	
Department:		Position/ Grade:	

B) External Business Interests - External Appointment/ Directorship/ Employment

Name of Business:				
Business Registration No.:		Position/ Grade:		
Nature of Business:				
Period of Appointment/ Employment:	From (date) to (date)			
Working Hours:				
Remuneration:				
Description of Duties:				
Type of Appointment:	<input type="checkbox"/> Personal	<input type="checkbox"/> Govt	<input type="checkbox"/> Official	<input type="checkbox"/> Others

C) External Business Interests - Ownership of Business (including (i) any sole proprietorship/ partnership/ other business interests, and (ii) substantial shareholdings of 5% or more, in any entity, other than shareholdings in a Singlife Group entity)

Name of Business:			
Business Registration No.:			
Nature of Business:			
Percentage shareholding/ ownership in entity:			
Effective date of shareholding			
Describe your role/ the duties you are required to perform.			

D) Other potential, perceived or actual conflicts of interest

(For example, are you line-managed or do you work closely with a family member, close relative, friend or someone with whom you are in a relationship with? Do you have a personal relationship (spouse, family member, fiancé/fiancée, boyfriend/girlfriend or close friend) with a someone who is in a senior position (director role and above) in any organisation which is in direct competition with a Singlife Group entity? Are you or any person you have a personal or business relationship with, providing any goods or services to a Singlife Group entity whether for gain or otherwise?)

Name of Employee:	Department Name:
Nature of relationship:	Other relevant information:

E) Steps taken to mitigate the conflict

Description of the conflict:	
Steps taken to mitigate the conflict:	

I understand that it is necessary for me to inform the Company when any of the information provided above change.

 Name of Employee:
 Date:

 Name of Supervisor:
 Date:

You may also submit the completed form together with an approval email from your supervisor to the respective Financial Crime Compliance teams:

Singlife and NISL - financial_crime@singlife.com
 SFA - FCI@singlife.com

PIAS – pias.compliance@singlife.com
 cc: People Function