

## Service Provider Conflict Of Interest Declaration

The term '**Conflicts of Interest**' refers to any situation where the Service Provider (i.e. Service Provider entity or employee, etc) has a vested interest which could be seen as having an inappropriate influence over decision making. COI can occur where an individual member of employee, or the firm, has a business or personal interest which potentially competes with such an interest of a client or the firm. That competing interest can make it difficult for individuals or the firm to fulfil their duties impartially.

Do any of the Service Provider's directors, partners or shareholders, including any of their immediate connected persons<sup>1</sup> have any financial interest or is employed by PIAS? ☐ Yes ☐ No

If No to the above, please complete Section 1.

If Yes to the above, please complete Section 2.

### **Section 1:**

I hereby declare the directors, partners or shareholders of <Name of Service Provider>, including any of their immediate connected persons do not have any financial interest or is employed by PIAS.

**Signed by, for and on behalf of** <Name of Service Provider>

Name:

Designation:

Date:

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<sup>1</sup> Connected persons – Spouse, civil partner, any person who lives with the director / employee as a partner in an enduring relationship (excluding grandparents, grandchildren, sister, brother, aunt, uncle, niece or nephew), children and stepchildren of any age, director's / employees' parents and children or step children of a person who lives with the director under the age of 18.

## **Section 2:**

### **Details Of Service Provider:**

Name of Service  
Provider \_\_\_\_\_

Name of the  
Director, Partner or  
Shareholder \_\_\_\_\_

Is the Conflict of Interest due to your connected persons<sup>1</sup>?

☐ Yes ☐ No

If Yes, please complete Section A and B. If No, please complete Section B.

### **Section A: Please list all your connected persons and state how they are connected to you**

Mother:

Father:

Spouse/partner:

Children under 18 living in your household:

If others, please specify:

### **Section B: Areas of potential / perceived conflicts of interest / lack of independence**

\_\_\_\_\_  
**Signature / Date**

*\*Please provide a copy of the supporting documents/correspondence in regards to the COI attached to this form (if any).*

**Application status: Approved / Not Approved**

**If not approved:** \_\_\_\_\_

**Processed By:**

**Approved by:**

\_\_\_\_\_  
**RM&C**

\_\_\_\_\_  
**CEO**

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