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| **EPAM SYSTEMS, INC.**  **ACTUAL/POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM (Rev. 2020)**  **PLEASE NOTE: This form must be completed and approved BEFORE employee engages in any activity that may be a potential or actual FINANCIAL or BUSINESS CONFLICT OF INTEREST with EPAM’s business.** | |
| * **EPAM’s Chief Compliance Officer (CCO) / Legal review all potential/actual CONFLICTS OF INTEREST** * **EPAM People MAY NOT engage in an activity that is a CONFLICT OF INTEREST without prior approval by the CCO** * **CCO will determine whether CONFLICTS OF INTEREST may be resolved by an ACTION PLAN** * **ACTION PLANS are acknowledged, signed and returned by employee**   **Employee’s Manager submits this completed form to “WFACompliance@epam.com” for review** | |
| **---INSTRUCTIONS---**  **Requestor (employee)**   * **Notify Manager & Chief Compliance Officer WITHIN 2 DAYS of CONFLICT ARISING** * **Review EPAM’s Code of Ethical Conduct Section on Business and Financial Conflicts of Interest (pp. 16, 21, 22)** * **Complete Sections 1 – 6 below** * **Submit this form to Manager to complete Section 7 Requestor’s (employee) Manager** * **Complete Section 7 below and submit completed form to WFACompliance@epam.com**   **Chief Compliance Officer/Legal will assess, approve/reject and inform the employee and manager** | |
| **Section 1—EPAM Employee’s Details** | |
| Name: | Date: |
| Phone: | EPAM Entity/Location: |
| Title: | Manager: |
| **Section 2—Individuals/Entities Involved in Potential Conflict**---(check all that apply) | |
| * My Business Partner * My Side Business * My Family * EPAM Competitor | * EPAM Customer * EPAM Supplier * Other (describe): \_ |
| **Section 3—Type of Potential Conflict of Interest**---(check all that apply) | |
| * Outside Employment or Consulting Opportunity * Board Membership (disclose ANY) * Personal Financial Payments, Interests, Investments * Business Opportunities that might be of interest to EPAM | * Referral fees, Commissions and Discounts * Other Benefits * Other (describe): \_ |
| **Section 4—Details of the Potential Conflict of Interest**—(describe fully, including names and relationship of individuals & all entities involved) | |
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| **Section 5—Other Factors Employee Would Like Management to Consider**—(describe additional details fully) | |
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| **Section 6—Acknowledgement** | |
| * **I have reviewed the EPAM Conflict of Interest Policies as described in the EPAM Code of Ethical Conduct.** * **I have provided, full, complete, and accurate information.** * **I will update this submission promptly if the underlying facts change.** * **I agree that if EPAM approves this request, it may in its sole discretion, modify or withdraw its approval at any time.** * **I agree to comply at all times with EPAM’s Code of Ethical Conduct. Signature:** | |
| **TO BE COMPLETED BY YOUR MANAGER** | |
| **Section 7—MANAGER’S CERTIFICATION – 1) STATE whether you believe there is / is not a potential financial or business conflict of interest;**  **2) EXPLAIN why or why not; and 3) PROVIDE any additional information needed to clarify.** | |
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| **TO BE COMPLETED BY EPAM LEGAL OR CHIEF COMPLIANCE OFFICER** | |
| * **Actual/Potential Conflict of Interest Exists. Attached Action Plan Completed and Implemented.** * **No Actual/Potential Conflict of Interest Exists (BASED ON THIS SUBMISSION)** | |

***For Chief Compliance Officer / Legal Use Only***

PLEASE OUTLINE ACTION PLAN FOR

Employee Name:

Conflict of Interest Disclosure Form Date: