Client Conflict of Interest Review Form

Client Data:

Requestor Name		Designation	
Entity		Line of Service	
Requested Document		Language	
Client Name			
Parent Company (if any)			
Client Location		Other	
Relationship with Client		Client Type	
Regulated Body		Status	
Service Type			
Requested service Period		From	To

Other Companies or Data: (If the provided service is intended for a company other than the client, its parent company or additional data)

Review Results

Client Status			
Previous Services		☐ N/A	Service Date
Notes (if any)			

Checked By:

Name		Designation		Date	

Decision

☐	Proceed	☐	Reject	☐	Escalate
Notes (if any)					

Approved By:

Name		Designation		Date	

Governance & Compliance