

Conflict of Interest Disclosure Form

Document ID: LC-COIF-2025.01

Version: 1.0

Effective Date: 2025-11-01

Department: Legal & HR

Instructions: All Employees must disclose any situation, transaction, or relationship that could reasonably give rise to an actual or potential Conflict of Interest (CoI). Failure to disclose may result in disciplinary action up to and including termination.

1. Employee Details

Field	Input
Employee Name:	
Employee ID:	
Department:	
Date of Disclosure:	

2. Nature of Potential Conflict

- **Type of Conflict:**
 - Outside Employment or Consulting
 - Financial Interest in a Competitor, Client, or Vendor
 - Close Personal Relationship with a Business Associate or Subordinate
 - Acceptance of Significant Gifts/Entertainment
 - Other (Describe below)
- **Detailed Description of the Situation:**
 - *Please describe the parties involved, the nature of the relationship, and why you believe it may constitute a conflict.*
 -

3. Financial Interest Details (if applicable)

Entity Name	Relationship (Competitor/Client/Vendor)	Financial Interest Type (e.g., Stock Ownership, Debt)	Value/Percentage

--	--	--	--

4. Declaration and Review

I declare that the information provided is accurate and complete to the best of my knowledge. I understand that I must abstain from participating in any business decision directly related to the disclosed conflict until I receive written clearance from the Compliance Officer.

Employee Signature: _____ **Date:**

Compliance Officer Review:

- **Decision:**
Cleared
Managed (Conditions Apply)
Conflict Requires Termination/Change
- **Mitigation Plan:**
- **Compliance Officer Signature:** _____ **Date:**