

Disclosure of Potential Conflict:

Employee Name	
Designation	
Employment Code	
Department	
Disclosure of Potential Conflict: Please describe any personal, financial, or familial relationships that could present a conflict of interest in your role at the company	
Nature of Relationship	
Mitigation Plan: Please suggest any steps that could be taken to mitigate this conflict	

Acknowledgment:

I hereby certify that the information provided is true and complete to the best of my knowledge. I understand my obligation to disclose any conflicts of interest and to adhere to the guidelines outlined in the company's Conflict of Interest Policy.			
Employee			
Signature		Date	
Human Capital Representative			
Signature		Date	