

### Disclosure of Relationship:

Please list any relatives currently employed by the company:

Name	
Position	
Department	
Relationship	

### Declaration:

I understand the company's Nepotism Policy and affirm that my relationship with the above-named individual will not influence my professional responsibilities or decision-making. I will adhere to all company policies to avoid any conflicts of interest.

### Supervisory Relationship Disclosure: (If Applicable)

Please describe any supervisory relationships involving family members or partners:

Supervisor Name	
Employee Name	
Relationship	
Mitigation Plan: Please outline any steps that will be taken to prevent favouritism or bias in this supervisory relationship.	

### Acknowledgment:

I hereby certify that the information provided is true and complete to the best of my knowledge. I understand that failure to disclose any conflicts of interest could result in disciplinary action.

Employee			
Signature		Date	
Human Capital Representative			
Signature		Date	