

# 利益衝突申報書

## DECLARATION OF CONFLICT OF INTEREST



HR-FM-064

### 第一部分：由申報人填寫 Part A : To be completed by Declarant

員工姓名 Staff Name	場館 Division
員工號碼 Staff No.	部門 Department
職位 Position	

- ☐ 本人現聲明沒有與太陽城集團及其相關公司之業務或內部運作有任何直接或間接之利益衝突，如往後本人發現將可能出現與公司有任何利益衝突時，本人會即時向公司申報。（請簽署並交回人力資源部）  
I hereby declare that I have no direct or indirect conflict of interest with the business or operations of the Suncity Group and its affiliated companies. If such conflicts arise, I shall make them known to the Company immediately. (Please sign and return to Human Resources Department)

- ☐ 本人現申報，與那些對太陽城集團及其相關公司有競爭或商業往來的人士或機構中存在／可能<sup>#</sup>引起利益衝突，詳情如下：  
I hereby declare that I have existing / potential<sup>#</sup> conflict of interest with the competitors or business affiliates of Suncity Group. Details as follows:

請選擇下列其中一項，並請填上有關資料及於適當方格內填上「✓」  
Please select one of the following, fill in data and check the appropriate box :

- ☐ A. 本人跟下列人仕有業務往來及有利益衝突  
I have business relations and conflict of interest with the following personnel

與其關係為 Relationship with the abovesaid person is

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> 配偶 Spouse                            | <input type="checkbox"/> 父母 Parents                              | <input type="checkbox"/> 子女 Children |
| <input type="checkbox"/> 代理人 Agent                            | <input type="checkbox"/> 親友（請註明）Relatives (Please specify) _____ |                                      |
| <input type="checkbox"/> 其他（請註明）Others (Please specify) _____ |  |                                      |

上述人士與太陽城集團的關係 Relationship of the abovesaid person and Suncity Group

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> 股東 Shareholder | <input type="checkbox"/> 合作夥伴 Partner                         | <input type="checkbox"/> 供應商 Supplier |
| <input type="checkbox"/> 承辦商 Contractor | <input type="checkbox"/> 其他（請註明）Others (Please specify) _____ |                                       |

- ☐ B. 本人／我的直系親屬<sup>#</sup>擁有的公司／機構  
I personally / My immediate family\* own the following company / organization

本人與上述公司／機構的關係為 Relationship with the abovesaid company / organization

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> 股東 Shareholder                       | <input type="checkbox"/> 董事 Director | <input type="checkbox"/> 顧問 Consultant                  |
| <input type="checkbox"/> 負責人 Person in Charge                 | <input type="checkbox"/> 代理人 Agent   | <input type="checkbox"/> 股東之親友 Relatives of Shareholder |
| <input type="checkbox"/> 其他（請註明）Others (Please specify) _____ |                                      |   |

上述公司與太陽城集團的關係 Relationship of the abovesaid person and Suncity Group

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> 股東 Shareholder | <input type="checkbox"/> 合作夥伴 Partner                         | <input type="checkbox"/> 供應商 Supplier |
| <input type="checkbox"/> 承辦商 Contractor | <input type="checkbox"/> 其他（請註明）Others (Please specify) _____ |                                       |

員工簽名 Staff Signature

日 D / 月 M / 年 Y

<sup>#</sup> 請刪去不適用者 Delete as appropriate

\* 直系親屬定義：配偶、父母、子女及兄弟姊妹 Definition of immediate family members : Spouse, Parents, Children and Siblings

# 利益衝突申報書

## DECLARATION OF CONFLICT OF INTEREST



HR-FM-064

### 第二部分：由人力資源部填寫 Part B : To be completed by Human Resources

就貴部門同事\_\_\_\_\_（申報人）呈交的利益衝突申報書經已收悉，本公司決定：  
We acknowledge receipt of the Declaration of Conflict of Interest submitted by \_\_\_\_\_  
(declarant) of your department and the Company decision as follows :

- ☐ 該職員毋須再參與任何引致利益衝突的工作  
Said Staff no longer be required to participate in any areas that could lead to any possible conflict of interest.
- ☐ 如甲部份中所提及的資料沒有更改，該職員可如常繼續處理工作。  
If the information stated in Part A remains unchanged, the said Staff could continue to work in the usual manner.
- ☐ 其他（請註明）  
Others (Please specify)

---

---

---

---

---

批核人 Approved by

簽署 Signature

職位 Position

日 D / 月 M / 年 Y

本部門已知悉有關員工之利益衝突申報，並將對該員工之工作作出適當之安排。

We are aware of the conflict of interest declared by the said staff. Appropriate arrangements will be made.

部門主管 Department Head

簽署 Signature

職位 Position

日 D / 月 M / 年 Y

直屬上司 Immediate Supervisor

簽署 Signature

職位 Position

日 D / 月 M / 年 Y