

Conflict of Interest Disclosure Form

Appendix 3

I hereby declare a real/ potential Conflict of Interest as follows:

- | | |
|--|---|
| | Outside employment and activities outside the Group |
| | Family members or close personal relationships |
| | Investment activities |
| | Board Membership |
| | Dealings with suppliers, customers, etc. |
| | Others |

Please state details:

Proposed actions to resolve/ manage the conflict:

Employee:

Supervisor:

(Signature/ Date)

Name:
Designation:
Company/ Dept:

(Signature/ Date)

Name:
Designation:
Company/ Dept:

Verified by:

Approval from:

(Signature/ Date)

Name:
Designation:
Company/ Dept.: LEHB/ Governance, Risk
Management & Compliance

(Signature/ Date)

Name:
Designation:
Company/ Dept: