

# 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:

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Proposed actions to resolve/ manage the conflict:

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**Employee:**

**Supervisor:**

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(Signature/ Date)

Name:  
 Designation:  
 Company/ Dept:

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(Signature/ Date)

Name:  
 Designation:  
 Company/ Dept:

**Verified by:**

**Approval from:**

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(Signature/ Date)

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

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(Signature/ Date)

Name:  
 Designation:  
 Company/ Dept: