

Conflict of Interest Disclosure Form

Appendix 1

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.: LEGB/ Governance, Risk
Management & Compliance

(Signature/ Date)

Name:
Designation:
Company/ Dept: