



Conflict of Interest Disclosure Form

Form 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.: LEGB/ Governance, Risk
Management & Compliance

(Signature/ Date)

Name:
Designation:
Company/ Dept: