



CONFLICT OF INTEREST

DECLARATION FORM

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Ver. 1

***Refer Conflict of Interest Policy for a detailed description.**

Please complete the Conflict Of Interest Declaration Form below:

Section 1: Personal Information	
Full Name	
Position/Title	
Department/Division	
Date	DD/MM/YYYY
Section 2: Description of Conflict	
Type of Conflict (Check applicable)	<input type="checkbox"/> Equity Ownership
	<input type="checkbox"/> Directorship/Partnership
	<input type="checkbox"/> Other Employment/Business
	<input type="checkbox"/> Personal Relationships
	<input type="checkbox"/> Contractual Dealings
	<input type="checkbox"/> Dealings with Competitors
	<input type="checkbox"/> Involvement in Activities
	<input type="checkbox"/> Acceptance of GHET
	<input type="checkbox"/> Other (Please specify): _____
Detailed Description of the Conflict:	
(Please provide a comprehensive description of the situation including names, dates, and nature of involvement that may constitute a conflict of interest as per QSB's Conflict of Interest Policy.)	



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Section 3: Declaration

Have you discussed this conflict with your Head of Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Proposed actions to manage the conflict: (Describe any steps you plan to take or have taken to mitigate this conflict, such as withdrawal from decision-making processes, reallocation of duties, etc.)	
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Section 4: Approval and Recommendations (For HOD use only)

HOD's Comments and Recommendations	
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Signature	
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Name	
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Designation	
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Date	DD / MM / YYYY
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Section 5: IGU Review (For IGU use only)

IGU Comments	
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Signature	
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Name	
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Designation	
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Date	DD / MM / YYYY
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FORM**

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Section 6: Employee Declaration

I hereby declare that the information provided herein is accurate and complete to the best of my knowledge and that I have read and understand QSB's Conflict of Interest Policy. I commit to adhere to the prescribed procedures and to update this declaration as necessary should any changes occur or additional conflicts arise.

Employee's Signature

Date DD/MM/YYYY