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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
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.)	

Section 4: Approval and Recommendations (For HOD use only)

HOD's Comments and Recommendations	
Signature	
Name	
Designation	
Date	DD/MM/YYYY

Section 5: IGU Review (For IGU use only)

IGU Comments	
Signature	
Name	
Designation	
Date	DD/MM/YYYY

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Section 6: Employee Declaration	
<p>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 prescribes procedures and to update this declaration as necessary should any changes occur or additional conflicts arise.</p>	
Employee's Signature	
Date	DD/MM/YYYY