

CONFLICT OF INTEREST DISCLOSURE FORM TEMPLATE

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You're one step closer to managing employee
conflict of interest disclosures.

This conflict of interest disclosure form template has been created by Case IQ to help you better track conflicts of interest in your organization.

While forms and documentation can facilitate investigations into employees' conflicts of interest, they are only beneficial when they are thorough, orderly and discreet. Case IQ's Case Management solution provides a robust system that can help investigators keep track of all forms, documents and relevant evidence.

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(replace with your company's logo)

CONFLICT OF INTEREST DISCLOSURE FORM

A note on privacy: The information requested by this form will be collected and used by [Company Name] to evaluate whether the circumstances disclosed represent an actual, potential or perceived conflict of interest. This information will not be disclosed except as required for this purpose or where required by law. After a conflict of interest situation is resolved, this form will be held in the employee's personnel file at [Company Name]. If you have any questions regarding the collection, use or management of the information disclosed herein, please contact [Relevant Contact Person and Information].

[Company Name]'s Code of Conduct [or Conflict of Interest Policy] defines a conflict of interest as a situation where an employee's private interests lead them to actions, activities or relationships that are, may be or might be perceived to be harmful to or interfere with the best interests of [Company Name].

Employees' private interests may be direct or indirect and financial or non-financial in nature. Examples of conflict of interest situations that interfere with [Company Name] conducting business objectively, independently and without bias include but are not limited to:

- Special treatment
- Receiving gifts or kickbacks
- Using company property for personal benefit
- Sharing confidential information with competitors or using it to start a new business
- Owning shares of a competitor's stock
- Acting in ways that may compromise [Company Name]'s legality
- Outside work or business activities that conflict with work at [Company Name]

All employees of [Company Name], both prospective and current, are obligated to disclose actual, potential and perceived conflicts of interest. By signing the form below, you acknowledge that you have read and understand the information above.

REGARDING MY EMPLOYMENT AT [COMPANY NAME], I HAVE THE FOLLOWING
ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST TO REPORT:

- ☐ I am affiliated with a competitor*.
- ☐ I am affiliated with a vendor, supplier or other party bidding on or providing services to [Company Name].
- ☐ I have business dealings with a competitor, vendor, supplier or other party bidding on or providing services to [Company Name] which could result in my personal benefit.
- ☐ I am using [Company Name]'s property for personal gain.
- ☐ Other: _____

Please describe the nature and extent of your actual, potential or perceived conflict of interest (e.g. nature of the conflict of interest, affiliated persons and relationships) in the space below. Attach a separate sheet if required.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

After completing this form, please submit it, along with any supporting documents, to your manager [or HR or ethics & compliance].

*Affiliated refers to: a spouse, partner, child, parent, sibling or close associate; any organization of which you serve as staff, volunteer, officer, board member, partner or are otherwise employed by; any trust or other estate in which you have substantial interest or to which you serve as a trustee.

I hereby confirm that the declaration I have provided on this form is, to the best of my knowledge, complete and correct. I acknowledge that any misrepresentations or omissions that might render this declaration inaccurate may be a breach of the Conflict of Interest Policy and grounds for disciplinary action. I acknowledge that if I become aware of any new information that changes this declaration, I will notify [manager, HR or ethics & compliance department] immediately.

Employee Signature

Date

Name and Position