

Conflict of Interest Disclosure Form

Captures disclosure of any potential employee conflicts of interest.

01 Employee Information

Employee Name

Employee ID

Department

Position

02 Disclosure Details

Do you have a conflict to declare?

Conflict Type

Conflict Description

Parties Involved

Financial Interest (if any)

03 Mitigation

Proposed Mitigation / Resolution

Disclosure Date

04 Review

Reviewed By

Review Date

Additional Notes

Declaration & Consent

I declare that the information provided above is truthful and complete to the best of my knowledge. I understand my obligation to disclose any actual or potential conflicts of interest promptly. I acknowledge that undisclosed conflicts may result in disciplinary action. All data will be handled in accordance with Humii's Privacy Policy.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation