

# Conflict of Interest Declaration Form



This form is to be completed **only if you have an actual, potential, or perceived conflict of interest** that could influence or be perceived to influence your role in TOPRA.

<b>Section A: Personal Information</b>	
Your FULL Name	
Position/Role in the Committee:	
Your preferred method of contact (e-mail address or phone no.)	

<b>Section B: Details of Conflict of Interest</b>
<p><b>1. Description of the Conflict:</b> (e.g., relationships, affiliations, financial interests, or other factors that may cause a conflict)</p> <p><b>2. Parties Involved:</b> (e.g., name of organisation, company, individual)</p> <p><b>3. Potential Impact on Committee Work:</b></p> <p><b>4. Proposed Steps to Mitigate the Conflict:</b> (e.g., abstaining from specific discussions or decisions, recusal)</p>

<b>Section C: Acknowledgment and Signature</b>
<p>By signing below, I affirm that:</p> <ol style="list-style-type: none"><li>To the best of my knowledge, I have disclosed all relevant information regarding any actual, potential, or perceived conflicts of interest.</li><li>I agree to notify the committee immediately if any new conflicts arise during my tenure.</li><li>I understand that the committee may take appropriate measures to address disclosed conflicts to uphold its integrity and impartiality.</li></ol>
<p>Signature: _____ Date: _____</p>