

## Declaration of Potential Conflict of Interest by Supplier/Vendor

Supplier/Vendor Name: \_\_\_\_\_

Nature of services to be  
provided to HKSI Institute: \_\_\_\_\_

DISCLOSURE		
<p>Does the management of your organisation have any close relationships<sup>1</sup> with an employee, board<sup>2</sup> or committee member<sup>3</sup> of the HKSI Institute?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (If "Yes", please provide information below)</p>		
Name and position of your employee	Name and position of HKSI Institute' employee, board or committee member	State their relationship and potential conflict of interest
<p>Does any HKSI Institute employee, board or committee member have any direct or indirect financial interest or hold any position in your organisation?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (If "Yes", please provide information below)</p>		
Name of HKSI Institute employee, board or committee member	Position in HKSI Institute	Relevant interest / position held in your organisation
DECLARATION		
<p>On behalf of my organisation, I certify that all information provided in this form is true and correct and warrant that I have the authority to sign this declaration. I undertake to inform the HKSI Institute immediately if a member of our staff will have a conflict of interest in handling HKSI Institute's request for proposal, tenders, purchases and contracts.</p> <p>Signature: _____</p> <p>Signor: _____      Company Stamp: _____</p> <p>Position: _____      Date: _____</p>		

<sup>1</sup> Include but not limited to family members, relatives, personal friends outside of workplace, dependents, and/or relationships with potential conflict of interest

<sup>2</sup> List of board members at <https://www.hksi.org/en/about/governance/board/>

<sup>3</sup> List of committee members at <https://www.hksi.org/en/about/governance/committees/>