Conflict of Interest Declaration

Please declare any interest that could conflict, or appear to conflict, with your duties.

Employee

FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL

PHONE

Declaration

Do you have any interest to declare?

○ No ○ Yes

OUTSIDE DIRECTORSHIPS, JOBS OR BUSINESSES

RELATIVES WORKING AT THE COMPANY, SUPPLIERS OR COMPETITORS

SIGNIFICANT INVESTMENTS IN SUPPLIERS, CUSTOMERS OR COMPETITORS

☐ My declaration is complete and true, and I will update it if anything changes.

For HR

OUTCOME

CONDITIONS OR NOTES

Signed electronically under the Information Technology Act, 2000.

Employee

SIGNATURE

PRINTED NAME

DATE

HR

SIGNATURE

PRINTED NAME

DATE