**Conflict of Interest Disclosure Form**

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| **Member Name**  |       |
| **Title**  |       |
| **E-Mail** |  | **Mobile Number** |  |
| **Centre Name** |  |
| Explain the nature of Actual, potential or perceived conflicts of interest  |
|  |
| DeclarationI have read and understood the B-TIC conflict of interest policy and other relevant policies.I agree that if there is a material change in any statement or information provided above, I will immediately notify the compliance Manager completing an amended disclosure form. I further agree that I will withdraw from any activities, which may be affected by the conflict after this disclosure. I understand that B-TIC collects, stores, and uses personal information in accordance with B-TIC Data Protection Policy.The information contains in this disclosure is correct, true and complete to the best of my knowledge |
| Member’s Signature  | Date |
|  |  |

 **(OFFICE USE ONLY)**

|  |  |
| --- | --- |
| Decision of Review |  |
| Assigned Compliance Manager |  |
| Assigned committee member |  |
| **Received Date:** |  | **Completion Date** |  |
| Signature of Compliance Manager  |  | **Date** |  |
| Signature of committee member |  | **Date**  |  |