**Conflict of Interest Disclosure Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Member Name** | |  | | | |
| **Title** | |  | | | |
| **E-Mail** |  | | **Mobile Number** |  | |
| **Centre Name** | |  | | | |
| Explain the nature of Actual, potential or perceived conflicts of interest | | | | | |
|  | | | | | |
| Declaration  I 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** | |  |