Form A

Declaration for Conflict of Interest (For HNF Board Members / Staff)

I hereby confirm that I have read and understood the Conflict of Interest Policy and that I will make full disclosure of interests, relationships and holdings that could potentially result in a conflict of interest. I will make full disclosure to the Board / Chief Executive Officer when a conflict of interest situation arises. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the conflict of interest policy, I will notify the Board / Chief Executive Officer immediately.

Please Tick:

☐   I hereby declare to the best of my knowledge, information and belief that there are no circumstances I am aware of that may be construed as a direct or indirect conflict of interest.

☐   I hereby declare that I have a conflict of interest or a perceived conflict of interest. A comprehensive written submission of the complete nature of this actual or perceived conflict of interest is detailed in Form B.

Name: Designation: _____

Signature:_____ Date: _____

Form B

Details of Declaration for Conflict of Interest

Table 1: Declaration of Shares in Private or Public Companies

Type of Company	Name of Company	No. of Shares	Name of Owner(s):
Private Company			
Non-Listed Public Company			

Table 2: Table of Interest in Business Firms

Type of Business Firm	Name of Business Firm	% of Ownership	Name of Owner(s):	Specify the Role in Business Firm
Sole Proprietorship				
Partnership				

Table 3: Table of Directorship & Board Representations

Directorship / Board Representations	Name of Company

Table 4: Secondary Employment

Name of Company	Nature of Business	Capacity

Table 5: Relationship

Name Board Members / Staff	Relationship	Years Known (for non-relative)

Table 6: Others

Nature of Interest	Description

If there is insufficient space, please write details on a separate sheet of paper (and attached it with this form)

Name: _____ Designation: _____

Signature: _____ Date: _____