

**CONFLICT OF INTEREST DECLARATION FORM**

With regard to my service as a Member of the Board / Member of the Board and Other Committee / staff / volunteer [delete accordingly] of AWWA,

I have no conflict, whether real, potential or perceived, to declare.

OR

I have the following conflict of interest to declare:

I, or person(s) with which I am affiliated to, am affiliated to another Social Service Agency/Non-Profit Organisation.

I am a director/majority shareholder of a company(ies).

I, or person(s) with which I am affiliated to, am affiliated to a vendor, supplier or any party providing or bidding for the provision of services to AWWA, or I have business dealings / transactions with such vendor, supplier or party which could result in a benefit to me.

I, or person(s) with which I am affiliated to, have a direct or indirect interest in a business transaction(s), agreement or investment with AWWA.

I, or person(s) with which I am affiliated to, have an interest in purchasing services from AWWA.

I am affiliated to a member of the Board / staff of AWWA.

I, or person(s) with which I am affiliated to, am a party to or has an interest in any pending legal proceedings involving AWWA.

Others

Please elaborate on the conflict of interest arising from the above situation with regard to the transaction concerned (e.g. name of Social Service Agency / Non-Profit Organisation affiliated to, nature of service/transaction, if an affiliated person is involved, the identity of such affiliated person and the relationship with that person):

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“Affiliated” refers to the following: spouse, partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organisation in which you serve as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.

I hereby confirm that the disclosure made above is complete and correct to the best of my information and belief. I shall not be participating in the discussion and decision making on any matter where I have disclosed that I have an interest in. 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 immediately.

**For Board Directors only: I further confirm that I am not disqualified to act under Section 27 of the Charities Act.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_