

## **CONFLICTS OF INTERESTS**

I DECLARE	having received a copy of the policy on conflicts of interests.
I UNDERTAKE	to fill in the form to this effect if I am affected by this policy
	OR
	to fill it in if my situation should change in the future
I UNDERSTAND	that I am liable to receive sanctions if I fail to conform to the obligations related to the policy regarding conflicts of interest.
 Name	
Signature	Employee no Date