

Appendix 1

Conflict of Interest Disclosure Statement for Grace Communion International

Period of Declaration: _____ to _____

1. Board Members, Management members, staff, and volunteers (referred to as the members) have an obligation to act in the best interest of Grace Communion International (GCI). Hence, it is pertinent that they avoid situations where a member's personal or family interest conflicts with those of GCI.

2. Declaration

With regard to my service as [board / management / staff / volunteer] member of Grace Communion International, this is to certify that I, except as described below, am not now nor at any time during the past year have been:

- ☐ A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with GCI which has resulted or could result in personal benefit to me.
- ☐ A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with GCI.
- ☐ I do not know of any potential or actual conflict of interest situations between myself, including persons affiliated¹ to me and GCI.

Any exceptions to 1, 2 or 3 above is stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the person or organisations have transactions with GCI.

- ☐ I have the following potential conflict of interest to declare:

S/n	Area of Conflict	Details
1		

¹ Affiliated refers to the following:

- Spouse, domestic partner, child, mother, father, brother, or sister, or close associates;
- any corporation, business, or non-profit organization of which you are a staff, officer, Board Member, partner, or participate in the 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.

S/n	Area of Conflict	Details
2	Affiliation to any vendor, supplier, or any other party providing or bidding for providing services with GCI, having a direct or indirect interest in any business transaction(s), agreement, or investment	
3	Having any business dealings or transaction with a vendor, supplier or any other party which could result in benefit to me. I or person(s) I have affiliation with have interest in purchasing services from GCI.	
4	Affiliated to any staff or Board Members of GCI.	
5	Affiliated to any person(s) who is involved in/is a party to or have an interest in any pending legal proceedings involving GCI.	
6	Other interests:	

**Please attach a separate sheet if space is insufficient*

Please elaborate on the potential conflict arising from the above situation with regards to the transaction concerned (e.g., nature of service/ transaction, if affiliated person involved, the identity of the affiliated person and your relationship with that person):

I hereby confirm that:

- ☐ The disclosure made above are complete and correct to the best of my knowledge and belief.
- ☐ I agree that should any conflict-of-interest situation arise in the course of my service, will abstain from participating in the discussion, decision making and/or voting (where applicable) on the said matter.
- ☐ I will notify the Board Chair or Superintendent 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 Agree Signature	Name and Designation	Date

By checking the box ***I Agree**, I hereby given adopt the "check mark" and submission as my electronic signature. I further agree that my electronic signature carries the same weight and legal effect as a traditional handwritten signature.