**DECLARATION OF CONFLICT OF INTEREST**

I,Mr./Mrs./Ms....................................................(Name)...................................................(Position).................................(Department/Region/Section/Unit) understand the provision of Chapter 15, Section 15.4.3’s clause on Conflict of Interest as enshrined in the FCB Service Manual 2021, and would therefore wish to declare that serving as a member of the Human Resource Selection Committee.

* I do not have or anticipate any conflict of interest. I shall notify the FCB Management Committee immediately in the event such interests arise in the course of discharging my duty;

**OR**

* I do have conflict of interests in view of the following reason(s):
1. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
2. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
3. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....

Date: Signature:

 Name: