



Kingsgate

Consolidated Limited

Conflict of Interest - Disclosure Form

Employee's Name:

Position/Title:

Department/Division:

Manager's Name:

Nature of Conflict: [Briefly describe the nature of your conflict of interest, including any relevant financial interests, relationships, or other situations that may create a conflict]

Potential Impact: [Describe how this conflict of interest may potentially impact your decision-making or actions within the organization.]

The period of which the Conflict of Interest will persist:

Mitigation Plan: [If applicable, outline any steps you plan to take to mitigate the impact of the conflict of interest, such as recusal from certain decisions or seeking guidance from a supervisor.]

Employee Declaration

I declare that the above details are correct to the best of my knowledge and am aware of my responsibilities to take reasonable steps to avoid any real or apparent conflict of interest in connection with my public service employment and to advise my manager of any relevant changes in my personal circumstances.

Signature:

Date:

Action by Manager

The conflict of interest has been identified as: (Please select one of the following)

- Actual
- Potential
- Perceived

Approval /Comment on the Mitigation Plan

Signature of Manager:

Date:

Employee Endorsement:

Date:

When finalised this form is to be forwarded to the General Counsel or Head of Legal's office for retention on the Conflict of Interest Register. A copy of the form should also be kept on the personnel's file.