



## BRMC CONFLICT OF INTEREST DECLARATION FORM

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With regard to my service as VOLUNTEER of BARKER ROAD METHODIST CHURCH, this is to declare that I, except as described below, am not now have been:

1. A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with bar which has resulted, or could result in personal benefit to me.
2. 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 organisation engaged in any transaction with the BARKER ROAD METHODIST CHURCH (BRMC.)

Any exceptions to (1) or (2) are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have in the persons or organisations having transactions with BRMC

I would like to report the following potential conflict of interest:

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

Areas of Conflict	Details of disclosure
I am affiliated * to another charity	
I am affiliated to any vendor I am affiliated* to any vendor, supplier, or any other party providing or bidding for providing services, having a direct or indirect interest in any business transaction(s), agreement, or investment	
I am affiliated to someone who is a party to or has an interest in any pending legal proceedings involving BRMC	
I am interested in purchasing services from BRMC	
I am affiliated to person(s) who is/are interested in purchasing services from BRMC	



☪ *As each has received a gift, use it to serve one another, as good steward of God's varied Grace* ☪ 1 Peter 4:10

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Areas of Conflict	Details of disclosure
<p>I have business dealings or transactions with a vendor, supplier or any other party which could result in personal benefit.</p> <p>Please state if the personal benefit is:            Financial / Non-Financial **  <b>If Financial, please state:</b>  <b>At cost / With margin **</b>            (** please delete as appropriate)</p>	
I am affiliated to any staff of BRMC	
Others	

\*Affiliated refers to being connected to another party who could be one of the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organization of 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 are complete and correct to the best of my information and belief.
- I shall not participate in the discussion and decision-making of the matter in question.
- I will notify Administration Director immediately if I come to know that this disclosure is inaccurate or that I have not complied with the conflict of interest policy.

Signature of Volunteer	Name and Volunteer Role	Date
Signature of Approval	Name and Title of Person giving consent	Date