# Document 5: Conflict of Interest Declaration

I/We warrant that:

* 1. There would be no conflict or perceived conflict of interest in relation to the personnel or type of work involved in this contract.

Signed:

Position/Status:

Company Name:

Address:

Date Signed:

I / We warrant that:

* 1. There could be a possible conflict or perceived conflict of interest in relation to the personnel or type of work involved in this contract.

Please explain what the possible conflict or perceived conflict of interest may be and who it relates to and how it could have an adverse effect on this contract.

|  |
| --- |
|  |

Signed:

Position/Status:

Company Name:

Address: \_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_