



Conflict of Interest Declaration Form

Director Details

Name: _____

Position: _____

Date: _____

Section 1: Disclosure of Interests

Type of Interest	Details	Organisation / Person	Nature of Relationship	Relevant (Y/N)
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Section 2: Conflict Assessment

Interest Description	Type	Details
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Section 3: Declaration

I declare that the information provided is true and complete, and I will comply with the ASAPD Conflict of Interest Policy.

Signature: _____

Date: _____

Section 4: Board Determination

Conflict	Action	Decision	Conditions	Date
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