AGRICULTURAL MARKETING BOARD

CONFLICT OF INTERESTS DECLARATION FORM
1. PERSONAL DETAILS
Name:
Designation:
Organisation:
2. THE SITUATION
Matter under consideration:
Your expected roles/duties to be performed in dealing with this matter:
Are you required to vote or take part in any proceedings of the Agricultural Marketing Board relating to such decision?
Yes L No L
3. PRIVATE INTERESTS
(i) Do you or your relative or your associate have a direct or indirect interest in the company,
partnership, or other undertaking which the Agricultural Marketing Board is proposing to deal with?
Yes \square No \square
and
(ii) Do you or your relative or your associate hold(s) more than 10 per cent of total issued share
capital or of the total equity participation in the company, partnership or other undertaking which the Agricultural Marketing Board is proposing to deal with?
Yes L No L
If "YES", please provide full information below.

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(iii) Do you or your relative or your associate has a personal interest in the decision which the Agricultural Marketing Board is to take?
Yes No D
If "YES", please provide full information below.
4. CERTIFICATION
The above is an accurate and current statement of all my reportable interests to the best of my
knowledge. I make this declaration in good faith and further state that I am aware of the
consequences of any false or incorrect information given by me.
Date: Signature:
Please return this form to the General Manager.
I have declared my interests and hereby abstain from participation in the above process.
Date: Signature:
Date
GENERAL MANAGER'S STATEMENT / ACTION TAKEN
DECISION:
Date: Signature: