

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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If "YES", please provide full information below.

