

24 August 2018

RE: DECLARATION OF CONFLICT OF INTERESTS

Following a Corruption Prevention Review (CPR) conducted by the ICAC, recommendation has been made, amongst others, to the effect that all employees should be made aware of the provisions of Section 13 of PoCA 2002 governing conflict of interests.

You are hereby informed that a conflict of interests involves a conflict between private interests of the public official and the interests of the public body in which he is an employee. The conflict arises when the public official is confronted to a situation where he has a private, direct or indirect, interest in the exercise of his functions.

Any employee, finding himself/herself in any possible situation of conflict of interests, is required to fill in a Conflict of Interests Declaration Form, which may be collected from the Human Resource Section or downloaded from AMB 's website **www.ambmauritius.mu/publications** and remit same to the General Manager promptly, so as to avoid a corruption offence.

Thank you.

Management

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: