

Form C

Serial No:

DECLARATION OF CONFLICT OF INTEREST FORM
(To be submitted in duplicate)

Name of State Officer or Public officer:

Designation of the officer:

Personal File No:

Description of the Conflict of Interest

Name and Address of the person with whom the officer has an interest	Nature of interest	Estimated value of the interest	Date the interest was acquired	Date the interest ceased (if applicable)	Remarks(if any)

I, the undersigned, holding the position ofat..... ID/PP No.....being aware of the provisions of 46 (1) (d) and 46 (2) of the Leadership and Integrity Act, 2012 declare the above information to be true to the best of my knowledge.

Signature of the Officer:

Date:

Submitted to:

Designation of the person submitted to:

Signature:

Date: