

**CONFLICT OF INTEREST / HOSPITALITY DECLARATION FORM**

I, .....  
(Name)

confirm I have received the following hospitality/declare the following conflict of interest

from/with .....  
(Name of entity providing hospitality/with whom there is a conflict of interest)

.....  
(Describe, hospitality/conflict of interest)

valued at \$.....

.....  
(Signed)

.....  
(Date)

**If total value of hospitality (over a 12 month period) is valued at over \$100.00 have your line manager complete.**

Prior approval was given for the above hospitality.

.....  
(Name)

.....  
(Signed)

.....  
(Date)

**Please send completed form to:**

**Disclosure Register  
Corporate Office  
2<sup>nd</sup> Flr, H Block  
TPMH**