



## EMBRACE and Supplier Conflict of Interest Disclosure Form

Amongst other diligence procedures and without exceptions, all contractors, service providers, suppliers, and/or vendors seeking the provision of goods, products, and services and interested in conducting business with Embrace and thus be eligible to Contracts or Purchase Orders **must** complete, sign, stamp, and return the **EMBRACE and Supplier Conflict of Interest Disclosure Form** in due course.

Suppose a contractor, service provider, supplier, and/or vendor have either relationship with Embrace employees and/or immediate family members of Embrace employees; in that case, such information **must** be duly disclosed as required below.

### Confirmation

I hereby certify and confirm that, to my knowledge, there is no conflict of interest involving the contractor, service provider, supplier, and/or vendor named below:

1. No alliance or affiliated to Embrace employee’s immediate family member has a conflict of interest or an ownership interest in the contractor, service provider, supplier, and/or vendor’s company or is deriving personal financial gain from this contract.
2. No alliance or affiliated with a Embrace employee is currently employed or prospectively to be employed with the contractor, service provider, supplier, and/or vendor.
3. The contractor, service provider, supplier, and/or vendor hereby declares it has not and will not provide gifts, gratuities, or hospitality products and services in any form, currency, or value to any of the Embrace employees with the objective of being awarded or maintain a Contract or Purchase Order.
4. If applicable, please clearly indicate exceptions in the below section. Else, insert N/A.


### Contractor, Service Provider, Supplier, and/or Vendor Full Details

Company Name:	
Physical Address:	
Telephone Numbers:	
Email Address:	
Website:	



**Conflict of Interest Disclosure**

a) Insert the name/s of Embrace employee/s or immediate family member/s with whom there is or may be a conflict of interest:	
b) Relationship with the employee/s or employee's immediate family member/s:	
c) Interest in the contractor, service provider, supplier, and/or vendor's company:	
d) Indicate any other reasons or relevant information here:	

*\*If no Conflict of Interest exists, please insert N/A in the table.*

I hereby certify and confirm that the information provided is accurate and true by my signature below:

Signature of Contractor, Service Provider, Supplier, and/or Vendor's Authorized Representative:	
Printed Name of Contractor, Service Provider, Supplier, and/or Vendor's Authorized Representative:	
Stamp of Contractor, Service Provider, Supplier, and/or Vendor's Authorized Representative:	
Date:	

**For Logistics & Procurement Department's Use Only**

Yes	The named Embrace employee/s or official/s was/were involved in the procurement process or decision.
No	The named Embrace employee/s or official/s was/were not involved in the procurement process or decision.

*\*Insert an X as appropriate.*