Supplier Disclosure of Conflict of Interest

Tender/RFQ/Contract/PO Reference:	
Tender/RFQ/Contract/PO Description:	

ADNEC has established policies and procedures for reviewing and addressing conflicts of interest between ADNEC employees and suppliers.

As part of this process, you, the Supplier, are asked to disclose any and all potential conflicts of interest to ADNEC for appropriate review and disposition. Examples include, without limitation, an ADNEC employee having an ownership interest in your business, your business being owned by current or previous ADNEC employee or a relative of an ADNEC employee.

Your Declaration

Please select the appropriate statement:

	I AM NOT aware of any relationship between the Supplier and any ADNEC employee which could result in potential personal gain for the ADNEC employee or which could enable the ADNEC employee to influence the Supplier relationship for perceived personal gain.
	I AM aware of a relationship between the Supplier and an ADNEC employee which could result in potential personal gain for the ADNEC employee or which could enable the ADNEC employee to influence the Supplier relationship for perceived personal gain.

Explanation of Conflict of Interest

If you are aware to any conflict of interest, please provide details here.

ADNEC Employee Name: _____

Nature of Relationship: _____

Details of the Conflict of interest: _____

_____

_____

Your failure to complete and return this disclosure form may result in a delay of payment, the termination of your contract and/or suspension of dealing with you as a supplier of goods or services to ADNEC.

Your obligation with regard to the disclosure of conflicts of interest is ongoing, therefore we ask that you promptly notify us should you become aware of any potential conflict following the submission of this form. At ADNEC discretion you may be asked to update this information periodically with each tender.

By signing below, you represent and affirm that you have proper authority to act on behalf of the Supplier and that the foregoing statements are true and correct to the best of your knowledge.

Supplier Name:	
Signatory Name:	
Signatory Title:	
Signature Date:	
Signature :	

Company Official Stamp: