

**VENDOR/SUPPLIER CONFLICT OF INTEREST DISCLOSURE FORM
(Business Owned)**

___ BOT ___ OFFICER ___ STAFF

PERSONAL INFORMATION:

NAME:	
POSITION:	
CURRENT ADDRESS:	
PERMANENT ADDRESS:	
CONTACT NOS.:	
EMAIL ADDRESS:	

In the interest of transparency and compliance with NATCCO MBAI Related Party Transactions Policy, I am disclosing that I have a pending/current direct business dealing or transaction with NATCCO MBAI (as described in the following paragraph) to the proper authority in NATCCO MBAI.

Date of disclosure: _____

To whom disclosed:

- ___ For Board of Trustees through its Chairperson
- ___ For Officers
- ___ For RPT Committee
- ___ Other committee(s) _____

Description of pending/current business dealing or transaction:

Amount (contract price) Involved: _____

I am seeking approval for such business dealing or transaction with NATCCO MBAI from the Approving Authority of NATCCO MBAI.

Approving Authority:

For Board of Trustees through its Chairperson

For Officers

For RPT Committee

Other committee(s) _____

I certify that the information given on this form, to the best of my knowledge and belief, is true, correct and accurate. I understand that I may be subject to discipline and/or prosecution if I have omitted or falsified information.

Signature

Date

CONFLICT OF INTEREST DISCLOSURE FORM

Affiliation with Supplier, Contractor, Business Partner, Consultant, Dealer or Distributor

___ BOT ___ OFFICER ___ STAFF

PERSONAL INFORMATION:

NAME:	
POSITION:	
CURRENT ADDRESS:	
PERMANENT ADDRESS:	
CONTACT NOS.:	
EMAIL ADDRESS:	

In the interest of transparency and compliance with NATCCO MBAI Related Party Transactions Policy, I am disclosing the following relationship and/or affiliation with the Supplier, Contractor, Business Partner, Consultant, Dealer or Distributor Contractor to the proper authority in NATCCO MBAI.

Date of disclosure: _____

To whom disclosed:

- ___ For Board of Trustees through its Chairperson
- ___ For Officers
- ___ For RPT Committee
- ___ Other committee(s) _____

NAME OF CONTRACTOR:	
DATE OF INCORPORATION:	
BUSINESS ADDRESS:	
CONTACT NOS.:	
DESCRIPTION OF THE PENDING/CURRENT BUSINESS DEALING OR TRANSACTION:	

1. Contractor is a relative within the 2nd degree of consanguinity, affinity or by legal adoption:

NATURE OF MY RELATIONSHIP/AFFILIATION WITH THE CONTRACTOR:

Relative by Consanguinity /Legal Adoption:

- Spouse
- Child
- Parent
- Grand Parent
- Sibling
- Uncle/Aunt
- Nephew/Niece

Relative by Affinity:

- Son/Daughter-in-law
- Father/Mother-in-law
- Brother/Sister-in-law
- Uncle/Aunt-in-law
- Nephew/Niece-in-law

Domestic Partner and His/Her Relative:

- Domestic Partner
- Domestic partner's up to 2nd degree
of consanguinity or legal adoption

2. I am/or my relative is a director, officer, executive, or employee of the Contractor.

Yes No

Nature of relative/relationship: _____

Position in the Contractor's company: _____

Term of office or employment the Contractor's company: _____

3. The Contractor is a partnership in which I am or my Affiliate is a partner.

Yes No

Name of Partnership: _____

Type/purpose of Partnership: _____

Name of Affiliate who is a Partner: _____

Description of affiliation: _____

4. I have an existing or previous close personal relationship or business affiliation or financial involvement with the Contractor.

Yes No

Description of personal relationship: _____

(e.g., co-fraternity member)

Description of business affiliation: _____

(e.g., joint venture)

Description of financial involvement: _____

(e.g., lender, borrower, guarantor)

Description of affiliation: _____

I am seeking approval for such affiliations from the Approving Authority of NATCCO MBAI.

Approving Authority:

For Board of Trustees through its Chairperson

For Officers

For RPT Committee

Other committee(s) _____

I certify that the information given on this form, to the best of my knowledge and belief, is true, correct and accurate. I understand that I may be subject to discipline and/or prosecution if I have omitted or falsified information.

Signature

Date

CONFLICT OF INTEREST DISCLOSURE FORM
Dealings with Trustees, Officers, Consultants and Staff

PERSONAL INFORMATION:

NAME:	
POSITION:	
CURRENT ADDRESS:	
PERMANENT ADDRESS:	
CONTACT NOS.:	
EMAIL ADDRESS:	

In the interest of transparency and compliance with NATCCO MBAI Related Party Transactions Policy, I am disclosing my affiliation with Trustees, Officers, Consultants and Staff to the proper authority in NATCCO MBAI.

Date of disclosure: _____

To whom disclosed:

- For Board of Trustees through its Chairperson
- For Officers
- For RPT Committee
- Other committee(s) _____

1. I have an Affiliate who is a Trustee, Officer, Consultant and/or Staff of NATCCO MBAI.

Name of Affiliate: _____

Description of Affiliate: _____

Position of Affiliate in NATCCO MBAI: _____

Date elected/appointed/hired: _____

I certify that the information given on this form, to the best of my knowledge and belief, is true, correct and accurate. I understand that I may be subject to discipline and/or prosecution if I have omitted or falsified information.

Signature

Date