## TRANSPARENCY INTERNATIONAL ZIMBABWE

## ANNUAL DECLARATION OF INTERESTS FORM

Category	Please give details of the interest and whether it applies to yourself, or, where appropriate, a member of your immediate family or some other close personal connection				
Current employment external to TI Z and any previous employment in which you continue to have a financial interest	Hone so far I But has Interest to assist in wear of research				
Appointments (voluntary or otherwise) for example, trusteeships, directorships, local authority membership, tribunals etc	· OX/A				
Membership of any professional bodies, special interest groups or mutual support organisations which have a financial affiliation with TI Z	tellow member of Einshabne Institute of Magennent				
Financial interests in any business or organization	X. / A				
Close personal relationship with a TIZ employee and or other stakeholders <sup>1</sup>	A A TOTAL AND A A A A A A A A A A A A A A A A A A				
Current or past close personal relationship with an employee and or stakeholders of TI Z					
Any other interests which might give rise to an actual or perceived conflict of interest	My May assist in areas of				

Close personal relationship means a relationship between an employee and a relative, a financially dependent person, a close friend, a de facto partner or any person with whom there is currently, or has been, an intimate relationship. This does not include a working or professional relationship which exists with colleagues where colleagues are not relatives, financially dependent, de facto or intimate partners.

## **DECLARATION**

I certify that the information outlined above is true and correct and declare, to the best of my knowledge, none of these private or personal interests conflict with any of my official duties at TI Z. I also undertake to immediately notify the board or the Executive Director in writing if a conflict or potential conflict of interest arises in the future and to not be involved in any decision making process in which I may be compromised.

acknowledge that a failule to	disclose any relevant in	formation may resur	t in distillssat or disc	ipiinary action by th	e organization.	
(Sig	nature)/	(Date)				
AUTHORISATION  have noted the information co	ontained in this Declarat	ion.	4 V			
☐ A Disclosure Plan has bee	n agreed with the board	member/employee	and attached to this	form.		
Althorney in Transals to re						
with 13 s order Ethnite Warchites		(Signature)	16/02/16(1	Date)		
which are trained to the form of the form	restorations for		17/4			