

TRANSPARENCY INTERNATIONAL ZIMBABWE

ANNUAL DECLARATION OF INTERESTS FORM

1. DAVIDA NORTON (Name) as BOARD MEMBER (Title) have set out below my interests in accordance with Transparency International Zimbabwe's Conflicts of Interest Policy. These interests include any financial or other interests held or accruing to me, or a member of my immediate family, relatives, business partners, associates or friends which might give rise to an actual or perceived conflict of interest.

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	DIRECTOR - NORTON MEDICINES (PT) LTD DIRECTOR - NORTON THINKING LABS (PT) LTD
Appointments (voluntary or otherwise) for example, trusteeships, directorships, local authority membership, tribunals etc	Raise Sponsorships for CHARITIES
Membership of any professional bodies, special interest groups or mutual support organisations which have a financial affiliation with TI Z	N/A
Financial interests in any business or organization	NORTON MEDICINES, NORTON THINKING LABS (PT) LTD
Close personal relationship with a TI Z employee and or other stakeholders ¹	MAY - JANE NORTON, JANE FALAN, FRIENDS BANK UNIVERSITY
Current or past close personal relationship with an employee and or stakeholders of TI Z	N/A
Any other interests which might give rise to an actual or perceived conflict of interest	N/A

¹ **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.

I acknowledge that a failure to disclose any relevant information may result in dismissal or disciplinary action by the organization.

~~Signature~~ (Signature) 23/5/16 (Date)

AUTHORISATION

I have noted the information contained in this Declaration.

A Disclosure Plan has been agreed with the board member/employee and attached to this form.

~~Signature~~ (Signature) 23/5/16 (Date)

<p>Signature of the Director/Employee</p> <p>Signature of the Director/Employee</p> <p>Signature of the Director/Employee</p>	<p>Signature of the Director/Employee</p> <p>Signature of the Director/Employee</p> <p>Signature of the Director/Employee</p>
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