



Original written in English

**CONFLICT OF INTEREST ACKNOWLEDGEMENT FORM
Appendix A**

This form is required pursuant to the Institute's Policy for Institute Board Members.

PERSONAL INFORMATION

a) Name: _____

b) Position: _____

I acknowledge that I have reviewed the Policy on Conflict of Interest for Institute Board Members and am hereby committing to complying with the requirement set out in the Policy.

I understand that I am required to advise the Executive Secretary of any changes in circumstances that may affect this disclosure. I also understand that if I become aware that I am in a conflict of interest situation during a Board of Directors meeting, I shall declare so and not participate in the discussion on the subject matter nor will I vote on the subject matter in question. I hereby certify that the information set forth above is true and complete to the best of my knowledge.

SIGNATURE

DATE