

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Board of Regents
Conflict of Interest Disclosure Statement

The personal information requested on this form is being collected and used by the Office of General Counsel (“Counsel”) of Memorial University of Newfoundland (“Memorial”) to evaluate the potential for conflict of interest which may arise in connection with your relationship with Memorial and as a Member of the Board of Regents (Member). This information will not be disclosed except as required for the above-noted purpose or in accordance with the law. Reference should also be made to the Memorial University Act RSNL 1990 c. M-7, in particular section 32.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

CONFLICT OF INTEREST

A conflict of interest exists in any situation where there is a potential divergence between a Member’s personal interests and his or her obligations to the Board such that an independent observer would reasonably question whether the Member’s behaviour or decisions are in any way motivated by considerations of personal interest, financial or otherwise. A conflict of interest may be real, perceived or potential.

A conflict of interest does not necessarily imply wrongdoing as a conflict of interest depends upon the circumstances and not on the character of a Member. In addition, the presence of a real, perceived or potential conflict of interest does not necessarily preclude the involvement of the Member, but it does mean that the conflict shall be disclosed by the Member, and allowed and managed or disallowed, and any decision recorded appropriately.

Every Board member must disclose any obligation, commitment, relationship or interest that could conflict or may be perceived to conflict with his or her duties to or interests of Memorial.

1. A direct or indirect conflict with my duty as a Member may arise because:

(a) I hold the following offices (appointed or elected):

(b) I, or any trustee or any associate on my behalf, own or possess, directly or indirectly, the following interests:

(c) I have the following personal or familial relationships:

2. The nature and extent of the conflicting office, duty or interest is:

3. A real, perceived or potential conflict of interest with my duty as a Member could arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources:

4. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment or decision-making independently and objectively with a view to the best interests of Memorial? **Yes** ___ **No** ___

Describe:

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| <p>I have read the Board of Regents Conflict of Interest Policy as well as the above information and understand the request for disclosure. The details are accurate to the best of my knowledge. I understand that the information herein will not be disclosed by Memorial except as required for the purpose of the Conflict of Interest Policy or in accordance with the law.</p> <p>If, at any time following the signing of this Conflict of Interest Disclosure Statement, there occurs any material change to the information given herein regarding conflict of interest, either by way of addition or deletion, I shall forthwith file a supplementary disclosure statement with the General Counsel of Memorial describing such change.</p> | |
| Signature (Required) | Date |