



PRUDENTIAL

THIRD PARTY CONFLICT OF INTEREST DISCLOSURE FORM

All third parties interested in conducting business with Prudential Assurance Uganda Limited (PAUL) must complete and return the Conflict of Interest Disclosure Form in order to be eligible to be awarded a contract. Please note that all third parties are subject to comply with PAUL's Conflict of Interest Policy as stated within the certification section below.

DEFINITION: A conflict of interest is defined as a situation in which a person is able to derive personal benefit from actions or decisions made in their official capacity.

A conflict of interest may arise where the third party:

1. has a relationship with a PAUL official or employee or
2. has a relationship with an immediate family member of a PAUL official or employee.

CERTIFICATION:

I _____ hereby certify that, to my knowledge, **there is no conflict of interest** involving the named below:

1. No PAUL official or employee or PAUL employee's immediate family member has an ownership interest in the company or is deriving personal financial gain from this contract.
2. No retired or separated PAUL official or employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in the company.
3. No PAUL official or employee is contemporaneously employed or prospectively to be employed with the company.

I hereby declare not to have given and will not provide gifts or hospitality of any value or any other gratuities to any PAUL official or employee to obtain or maintain a contract.

I certify that the information provided is true and correct.

DATE: _____

NAME: _____

AUTHORITY: _____

SIGNATURE: _____

Where a conflict of interest exists, please fill in the part below

Vendor Name	Vendor Phone Number
Conflict of Interest Disclosure	



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Name of PAUL official, employees, or immediate family members with whom there may be a potential conflict of interest.	Relationship to employee _____
	Interest in vendor's company _____
	Other _____

I certify that the information provided is true and correct.

DATE: _____

NAME: _____

AUTHORITY: _____

SIGNATURE: _____

FOR PRUDENTIAL INTERNAL USE ONLY:

Named employee or official/immediate family member was involved in the vetting process or decision
(TICK APPROPRIATE ANSWER)

Yes

No

N/A