



DECLARATION OF INTEREST

IHTSDO Advisory Group

Advisory Group Members owe loyalty and the commitment to make the best possible decisions for the good of IHTSDO (“the Association”).

Duty of Care You have a duty of care to the Association which means that:

- you must exercise the degree of skill and diligence reasonably expected from an ordinary person of your knowledge and experience,
- you must always act in the best interests of the Association when making decisions,
- you must base your decisions on facts and reliable information, and
- you must not act without first taking care to be properly informed.

Duty of Loyalty (or Fiduciary Duty) In all decisions, you must act in the Association’s best interests, not your own. Specifically, you must:

- be honest in your dealings with the Association and with others on behalf of the Association,
- maintain the confidentiality of information received by you in your capacity as an advisory group member both before and after termination (for whatever reason) of your appointment, and
- avoid situations where you could put yourself in a position of conflict between your own interests and the best interests of the Association.

Duty of Compliance You must become knowledgeable of the Association’s mission and the articles that affect the performance of the mission. You must:

- carry out the Association’s purposes, and
- take all necessary and reasonable measures to assure compliance with laws, articles and policies that apply to the Association.

Conflict of interest is a situation that exists when your personal activities, interests, or dealings may actually, potentially, or be perceived to:

- (i) impair your ability to perform your duties as a member,
- (ii) have a negative impact on the Association’s reputation, and/or
- (iii) result in personal gain or advantage to you or your Associates due to your position with the Association.

A conflict of interest includes an apparent conflict of interest, which is any situation where it would appear to a reasonable person that your actions or decisions are determined by considerations of personal gain, financial or non-financial, direct or indirect.

Procedure

The completed *Declaration of Interest* should be given to the Advisory Group Chair and a copy given to the CEO.

You should seek the advice of the Advisory Group Chair if you are uncertain whether a situation involves a conflict of interest.

If you are concerned that another group member is in a conflict of interest situation, you should bring this concern to the other person's attention and request that the conflict be declared. If the other person refuses to declare the conflict of interest or you are not comfortable discussing this issue with the other person, you should immediately bring your concern to the attention of the Advisory Group Chair CEO, as appropriate.

1. A direct or indirect conflict with my duty as an advisory group member of IHTSDO:
 - a) I, or an associate, hold the following positions for offices (appointed, elected or otherwise) (examples – political appointment, board member, officer):

The nature and extent of the conflicting office or duty is

- b) I, or an associate or any nominee on my behalf, own or possess, directly or indirectly, the following interests (e.g. businesses, shares, properties):

The nature and extent of the conflicting interest or duty is:

c) I, or an associate, have the following interests in existing or proposed transactions in the Association:

2. A real or perceived conflict of interest with my duty as an Advisory Group member of the Association may arise because I or an associate receive financial remuneration (such as for services performed by me, as an owner or part owner, trustee, employee or otherwise) from the following sources:

3. The following is a list of each subsidiary or affiliate of a company listed in 1 or 2 of this Declaration:

Company listed in 1 or 2	Name of Affiliate or Subsidiary	Type of Business Ordinarily Carried on by Subsidiary or Affiliate

4. Other than as disclosed above, are you involved in any situations or do you have any relationships or interests that may constitute a conflict of interest?

yes no

If yes, please describe: _____

ATTESTATION AND SIGNATURE

I, _____,
please print your name

- attest to the veracity of the information provided in this Declaration which is provided to the best of my knowledge, and
- consent to the collection and use of the personal information set forth in this Declaration for the purposes of administration of the Association’s policies and procedures, including its Code of Ethics and Conflict of Interest Policy and as otherwise explained to me.

If, at any time following the signing of this Declaration there are changes to the information given on this Declaration regarding conflict of interest, either by way of addition or deletion, I will immediately submit to the Association a supplementary disclosure statement describing the change.

Signature of Advisory Group Member

date (month/ day/year)

ACKNOWLEDGMENT OF RECEIPT

Signature of Advisory Group Chair

date (month/day/year)

Copy: Advisory Group Chair
 Chief Executive Officer