



DECLARATION OF CONFLICT OF INTEREST
For Election of Authority Member (CSOs Representative)

(PART A)

I, (Name), bearing CID/EID No.....
(Position Title) (CSO)as
per the provisions of Anti-Corruption Act 2011 and its subsequent regulations (Inc. the Col
guidelines 2017), declare that I

☐ Do not have any pecuniary interest or anticipate any Conflict of Interest. I shall notify
the Agency concerned immediately in the event of such interest arise in the course
of or before discharging my duty.

OR

☐ Have pecuniary interest or other personal interest in certain matter that may arise or
raises a conflict with my duty.

If (Yes)

I. Briefly describe the nature of the interest:

II. Do you think you would be able to take decision impartially despite the
Col?

Yes ☐

No ☐

☐ I hereby confirm that the above information is true to my knowledge and in the event
of above declaration is found to be incorrect, I shall be liable for administrative/legal action
as per the relevant Laws enforced of the land.

Date: _____

Signature: _____