

ABC FORM 5: VENDOR's CONFLICT OF INTEREST DECLARATION FORM

TIME Group ("TIME") operates a procurement process which is fair, transparent and able to withstand probity. In view of this, TIME requires that anyone nominated to participate in its procurement processes declares any potential conflict of interest and maintains strictest confidence. Anyone who does not sign this form will not be permitted to participate in any part of TIME procurement process. This Conflict of Interest Declaration Form shall be mandatory to be completed (additional pages can be added where necessary), signed by your authorised representative and returned to TIME Group.

Vendor Information ("Vendor Company"):

Company Name:

Company Registration Number:

Company Address:

Representative Name and Designation:

Contact Number and Email:

I/We understand that a conflict of interest (COI) may arise where my/our private interests influence, or may be seen to influence my/our actions. In applying vendor registration, I/We affirm (please check/tick the applicable boxes) that, except as set out below.

- ☐ I/We understand my/our obligations to declare any conflict of interest to TIME;
- ☐ I/We do not have any professional, personal or family allegiance, bias, inclination, obligation or loyalty to TIME, its affiliates or any of its personnel;
- ☐ I/We do not have any financial interest in TIME, its subsidiaries or affiliates, nor to the best of my/our knowledge do any of my relatives;
- ☐ I/We do not have any former TIME 's employee who currently hold any position as directors, shareholders or works in the Vendor Company;
- ☐ If a conflict of interest arises during my/our involvement with the assessment, I/We will forthwith declare it to TIME in writing.

I/We hereby declare that:

- ☐ I/We have no actual, potential or perceived conflict of interest.
- ☐ I/We have conflict of interest (please complete the details below)

Name	Relationship	Position	Describe the circumstances giving rise to the conflict of interest

(*please use a fresh sheet of A4 sized paper specifying the details required based on the above formatting if there is insufficient space*)

- (a) he/she has obtained from the relevant authority within the Vendor Company, the proper mandate and authority to disclose, declare or provide such information on its/their behalf;
- (b) the information provided and declaration made above are to his/her knowledge, correct and accurate; and
- (c) that he/she fully understand that, if TIME concludes that the declarations made are false or materially misleading, he/she understands that any failure to accurately declare detrimental

information required herein, may lead to the Vendor Company disqualification, rejection and/or termination of the procurement process, and is a valid ground for TIME to terminate any existing contracts with me, the Vendor Company and/or the Vendor's affiliate company(ies).

For and on behalf of (INSERT VENDOR COMPANY NAME)

Signed by the authorized representative of the Vendor Company:

Vendor Company Name:

Designation:

Date:

Company Stamp:

****End of Document ****