

CONFLICT OF INTEREST DECLARATION FORM

Annual

Ad-hoc

Note: Tick appropriate

This Declaration Form is submitted to:

Note: Fill organization name where this Declaration Form is submitted

by the following Bound Person in accordance with IBA Conflict of Interest Policy:

Name	
Position in boxing	
Address	
Phone	
Email address	

Note: Fill all lines

With reference to the IBA Code of Ethics and to the IBA Conflicts of Interest Policy, I declare that:

- I do not have and do not anticipate having any conflict of interests (actual, potential or perceived), except as disclosed below (or on the attached sheet);
- I agree to make immediate disclosure of any additional, actual, potential or perceived conflict of interests that may arise subsequent to the preparation of this declaration, by way of a separate declaration;
- I am aware that a failure to declare a situation of potential conflict of interests may lead to measures and sanctions as per the IBA Code of Ethics.

Declaration of conflict of interest (actual, potential or perceived):

- Positions held in boxing: _____

- Current jobs/paid positions: _____

- Significant financial or other interests in the following: _____

- Other facts that may give rise to may constitute actual, apparent or potential conflicts of interest: _____

Note: Fill above mentioned lines, if necessary

Additional comments concerning any of the above statements (optional):

I am aware that this Form will be submitted to the IBA Head Office and, possibly, the IBA Ethics Committee.

Note: please complete this declaration with relevant documents if necessary

Place and date

Original Signature
(Electronic signature and/or stamp will not be accepted)