# CONFLICT OF INTEREST DECLARATION FORM for candidates

# This Declaration Form is submitted by the following Candidate in accordance with IBA Regulations on Congress and Elections and the IBA Conflict of Interest Policy:

|  |  |
| --- | --- |
| Name |  |
| Current position in boxing (if any) |  |
| IBA position(s) for which candidacy is submitted |  |
| Address |  |
| Phone |  |
| Email address |  |

*Note: Fill all lines*

With reference to the IBA Constitution, the IBA Disciplinary and Ethics Code and 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), even if I am elected / appointed to any position for which I am a candidate, 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 Disciplinary and Ethics;
* I am aware that a failure to deal with any potential or actual conflict of interests may result in a decision of ineligibility of the concerned candidate.

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*

If a close member of the family of the candidate (partner, children, mother/father, etc) is in a situation requiring a disclosure as per the above, please answer the questions below. By filling this form, the candidate confirms that the concerned member of his family has expressly agreed to such disclosure.

* Name of the family member and link with the candidate:
* Declaration of conflict of interests:

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

I am aware that this Form will be submitted to the IBA Head Office, the BIIU Nomination Unit, the Independent Vetting Firm and, possibly, the BIIU Compliance Unit.

*Note: please complete this declaration with relevant documents if necessary*

*Place and date Original Signature*

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

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