

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)