Conflict of Interest

Please provide the names and resident addresses of all persons responsible for conduct of the organization's affairs, and whether or not any of these people have or had any contracts or arrangements with the DPO and any possible conflicts of interest.

Date of this current disclosure:

Name:	Address:	Contracts or Arrange-ments Yes	No	Conflicts of Interests Yes	No
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐