

## ANNEXURE 5

### Declaration Conflict of Interest Form

I, .....(name), bearing CID No.....,  
(Position Title).....(Agency) ..... as per the  
Guideline for YELP, I declare that pertaining to  
subject.....

- I do not have or anticipate any Conflict of Interest. I shall notify the Agency concerned immediately in the event such interests arise in the course of or before discharging my duty.

OR

- I do have a Conflict of Interest in view of the following reason(s):
  - o Family Member:.....
  - o Close Relative: .....
  - o Close Friend:.....
  - o In-Laws:.....
  - o Enemy:.....
  - o Others:.....

I hereby confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect, I shall be liable for administrative/legal action.

Date:

Place:

Signature