

Conflict of Interest and Commitment Disclosure Form

(To be completed by all AUC employees upon hire and updated regularly by the employee in case of any changes in the data)

First and Last Name:	
AUC ID NO:	
Department/Office:	
Title:	
Mobile No:	
Manager's Name:	
University Campus:	<input type="checkbox"/> Tahrir Campus <input type="checkbox"/> New Cairo Campus
Date:	
Signature of Acknowledgement	<p>I, the undersigned _____, hereby declare that I fully understand that it is my sole responsibility to report any updates and/or changes that may take place in the future after I sign this disclosure form to the University and that I understand the Conflicts of Interest and Commitment Policy and undertake to fully comply with it.</p> <p>Signature:</p>

Please respond to the following questions to the best of your knowledge. If you require additional space to complete a response, please continue your response on a separate page and sign and date that page.

1. Are you an employee, owner, member, officer, director, trustee or partner of any private or public entity/organization (other than AUC) or government entity, regardless of whether you receive any compensation or not?

Yes: No:

- a. If your response is "yes", please list the name(s) of the entity/organization or government entity and describe your activity with that entity below.

- b. If your response is "yes," to the above question, does this organization/entity conduct any activity/business with AUC?

Yes: No:

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c. If your response is “yes,” please describe below.

2. Do you have “material financial interest” in any corporations, partnerships, or other organizations directly or indirectly? **Material financial interest means any financial interest, including all forms of compensation from:**

- a single source exceeding 7500 EGP annually; or
- ownership of an equity interest exceeding 20% or *more than 10,000EGP annually in a single entity.*

Yes: No:

a. If your response is “yes,” please list the name(s) of the organization below and your activity(ies) with the organization.

3. Are any of your “immediate family members” working currently for AUC? **Immediate family members are spouses, parents and grandparents, children and grandchildren, brothers and sisters, mother-in-law and father-in-law, brothers-in-law and sisters-in-law, daughters-in-law and sons-in-law. Adopted, half, and step members are also included in immediate family.**

Yes: No:

a. If your response is “yes,” please list the name(s) in full, position and the department where they are employed.

4. Are any of your immediate family members (or any businesses owned by them) or an “associate” conducting any activity/business with AUC? An associate is any individual or organization with whom an employee has a close personal or business relationship such that a benefit to the associate could be construed as a personal favor by the employee and/or an indirect benefit to the employee personally.

Yes: No:

a. If your response is “yes,” please specify the organization and the business/activity below.

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5. Are any of your immediate family members or associate working for a vendor of AUC or any entity doing business with AUC?

Yes: No:

a. If your response is “yes”, please specify the organization, the position and the activity below.

6. Are any of your immediate family members in a decision-making role in a public/state owned/governmental organization?

Yes: No:

a. If your response is “yes”, please specify the organization and the position below.

7. During the past 12 months, have you received any monetary or non-monetary gift worth more than LE500 from a competitor, vendor, or any third party doing business with AUC?

Yes: No:

a. If your response is “yes,” please describe the gift and the name of the provider below.

8. Do you have any other relationships, arrangements, transactions, or matters, which may create an actual conflict of interest or an appearance of conflict of interest with your current employment with AUC?

Yes: No:

a. If your response is “yes,” please describe the circumstances below.

b. Please describe any relevant additional information.

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Please note, your responses will be reviewed to determine whether potential conflict of interest or commitment exists with your current position as described in AUC's Conflict of Interest and Commitment policy. We will notify you if any additional information is needed from you. Thank you for your assistance and cooperation.

To be completed only by a Compliance Officer authorized by the General Counsel.

Authorized Compliance Officer Name:	
Date of Review:	
Does a COI/COC exist based on the employee's responses in this Disclosure Form? Please describe the management plan below.	
Signature:	

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Management Plan: