



CONFLICT OF INTEREST DECLARATION FORM

SECTION A: MEMBER INFORMATION

- Full Name: _____
- Position/Title: _____
- Company/Organization: _____
- Contact Information:
 - Email: _____
 - Phone Number: _____

SECTION B: CONFLICT OF INTEREST DISCLOSURE

In line with the Business and Management Consultants Association of the Philippines (BMCAP) commitment to integrity, transparency, and professionalism, all members are required to disclose any actual, potential, or perceived conflicts of interest that may affect their impartiality, judgment, or commitment to BMCAP's mission and values.

1. Do you currently have any financial, professional, or personal interests that may conflict with your responsibilities as a BMCAP member?

- Yes
- No

If yes, please provide details:

2. Are you involved in any business or consulting engagements that could present a conflict with BMCAP's mission, objectives, or Code of Ethics?

- Yes
- No

If yes, please provide details:

3. Do you have any personal relationships (e.g., family, close friends) that could potentially create a conflict of interest in your role with BMCAP?

- Yes
- No

If yes, please provide details:

SECTION C: DECLARATION AND ACKNOWLEDGMENT



I, the undersigned, certify that the information provided in this Conflict of Interest Declaration Form is complete and accurate to the best of my knowledge. I agree to promptly disclose any additional conflicts of interest that may arise during my association with BMCAP. I understand that failure to disclose a conflict of interest may result in disciplinary actions, up to and including termination of membership.

Signature: _____

Date: _____

Printed Name: _____

FOR BMCAP OFFICIAL USE ONLY

- **Date Received:** _____
- **Reviewed by:** _____
- **Comments:**
