**DECLARATION OF CONFLICT OF INTEREST**

|  |
| --- |
| **BIO DATA OF ACCREDITOR:** |
| **Name** |  |
| **Position Title** |  |
| **ADDRESS** |
| **Name of Organization** |  |
| **Freelance (Trick √)** |  |
| **CONTACT ADDRESS** |
| **Office No.** |  |
| **Mobile No.** |  |
| **Email Address**  |  |

**DECLARATION:**

**I hereby declare that (please tick the relevant one):**

|  |  |
| --- | --- |
|  | **I DO NOT have any of my family member/s as Training Provider for accreditation of course as Assessor** |

|  |  |
| --- | --- |
|  | **I DO HAVE my family member/s as Training Provider**  |

**His/her details are:**

**Name…………………………………………………………………………………………………………………**

**CID No………………………………………………………………………………………………………………….**

**Relationship to you………………………………………………………………………………………………**

**Signature....................................................................................................... Date……………………………………………………**