



**DECLARATION FORM TO COMPLIANCE OFFICER OF GIFTS AND OR  
HOSPITALITY RECEIVED BY EMPLOYEE - OFFERED BY BUSINESS ASSOCIATES  
AND/OR THIRD PARTY**

Employee's Name	
Designation	
Department	
Date	
Details of the gifts	Description of the gift:  Estimated or actual value:
Date offered of the gifts	
Location on where the gifts was offered	
Details of the third party offering the gifts  1) Name of the institution/company  2) Name of the personnel who offered the gifts	
Purpose of the occasion – for example in conjunction of annual festival	
Is there any potential conflict of interest on the Employee and or the Company?	
Approve to accept the Gifts and or hospitality or decline the offer	Approve / Decline

## **Appendix I(b)**

I hereby disclosed the information herein with good faith and based on my best knowledge and evaluation, there is no potential conflict of interest on me or possible adverse impact to the Company.

### **Signature of the Employee:-**

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Name:

### **Approved by the Compliance Officer:-**

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Name:

### **Acknowledged by the Head of Department:-**

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Name:

<b>Decision on Gift Treatment (Please tick on the box below)</b>	
(a) Donate the gift to charity	
(b) Share the gift among the department employees	
(c) Hold it for departmental display	
(d) Permit it to be retained by the employee	