Appendix E: Conflict Of Interest Declaration

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| **To** | The Ministry of Health  PO Box 5013  Wellington | |
| **From** | Name of Respondent |  |
| Address |  |
| Telephone Number |  |
| Fax Number |  |
| RFI Number |  |

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| **DECLARATION**  I hereby declare, to the best of my knowledge, having made due enquiry, that no-one significantly associated with the preparation of the response from the Respondent or the proposed provision of the Goods and/or Services:   * is, or has recently been, employed by or has a contractual or other relationship with the Ministry of Health, that could influence, or create the potential to influence, the evaluation of responses for the Goods and/or Services; * has any relatives or friends who are, or who have recently been, employed by or have a contractual or other relationship with the Ministry of Health, that might lead to the perception of bias or undue influence, in the evaluation of responses for the Goods and/or Services; * will receive any personal financial gain; * has any other real, perceived or potential conflict between any of their interests and our obligations to the Ministry of Health;   except as set out as follows: [*Delete or complete, as appropriate*]  [list interests here]  The following actions have been taken to manage any actual, perceived or potential conflicts of interest:  [list actions here] |

The following is a list of persons the names and positions who have been materially involved in the preparation of our response:

|  |  |
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| **Name** | **Position** |
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|  |  |

I, the undersigned, confirm that I am the authorised signatory for this declaration on behalf of the Respondent.

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| **Authorised signatory** |  |
| **Name** |  |
| **Job Title** |  |
| **Date** |  |