



# Okanagan Indian Band

## Conflict of Interest Disclosure Statement

*Every OKIB Councillor must disclose any obligation, commitment, relationship, or interest that could conflict or may be perceived to conflict with his or her duties to or interests of the OKIB, or its Companies. The personal information requested on this form is being collected and used by the OKIB and will be securely stored by the Council Secretary. This information may be disclosed to the OKIB Auditor in compliance with ISC Contribution Agreements.*

### CONFLICT OF INTEREST

According to the SPP GOV 1.01 OKIB – Section 3 “Definitions”

**Conflict of Interest** means a situation where a reasonable person, being aware of the Councillor’s Personal Interest, would believe that the interest is sufficiently connected to the Councillor’s official duties and responsibilities that it influences the exercise of those official duties and responsibilities;

### Instructions:

1. Complete, sign and date Part 1 and Part 2 of this form.
2. Identify any direct or indirect conflicts with financial remuneration and the sources of remuneration.
3. Identify any direct or indirect conflicts without financial remuneration.
4. Identify any real or perceived conflicts with or without financial remuneration and the sources of remuneration.
5. Identify any real or perceived conflicts without financial remuneration.
6. Identify any individual’s personal or financial interest conflicts with financial remuneration and the Family Members and Related Persons included.
7. Send this completed form to the Executive Director by mail or email.
8. Do not fax this document

**PART 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Company or Business: \_\_\_\_\_

**PART 2**

DISCLOSURE OF CONFLICTS (if additional space is required, attach an additional page)

Additional Page Attached: yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_ I have read and understood the SPP GOV 10.1 OKIB – Conflict of Interest Policy

\_\_\_\_\_ Other than the disclosed above, I do not have any relationships or interests that could compromise, or be perceived to compromise, my ability to exercise judgment or decision-making independently and objectively with a view to the best interests of the OKIB

\_\_\_\_\_  
Person Declaring Conflict of Interest

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date