

Conflict of Interest Disclosure Form

In accordance with the BDO Code of Conduct and Business Ethics, all employees are required to read, acknowledge and provide the required information pertinent to possible areas of conflict of interest as stated below.

I understand that I should act in a manner that will serve the best interests of the Company and value to its shareholders. All business decisions and actions must be aligned to the principles and values of the Company, and should not be driven by personal motivations or influenced by personal relationships which may interfere in the exercise of objective and independent judgment.

As such, I understand that I must disclose any financial and personal interest or benefit in any transaction involving BDO or any actual, potential or perceived area of conflict to my Supervising Officer.

Disclosures on actual, potential or perceived conflict of interest. Please tick and describe as applicable.

Please tick as appropriate	Areas of possible conflict of interest	Description
	A. Interest in businesses	
	B. Employment or engagement of services	
	C. Directorship, Officership or Employment in another entity and/or Election/Appointment in a government or political office	
	<ul style="list-style-type: none"> • directorship, officership or employment in external entities except when appointed in the performance of official duties in BDO 	
	<ul style="list-style-type: none"> • election, appointment or any position in a government agency or political party. 	
	D. Relatives	
	E. Outside Employment and Interlocking Directorship and/or Officership	
	F. Political Activity / Government Positions	
	G. Others	

I hereby declare that the information I have provided above is true to the best of my knowledge and I understand that any misrepresentation of information on this form may be grounds for disciplinary action.

Signature Over Printed Name of Employee
Date Signed:

BU Assessment/Comments:	
Noted by:	Noted by:
Signature Over Printed Name of Immediate Supervising Officer Date Signed: _____	Signature Over Printed Name of Immediate Supervising Officer Date Signed: _____

Reviewed by:

Human Resources Group	Compliance Office
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