



Conflict of Interest Disclosure Form

All person/vendor/supplier/contractor/firm (herewith termed Vendor) with the interest to come into contractual agreement in providing goods or services to Alliance for Financial Inclusion (AFI) must certify and where applicable disclose any conflict of interest in order to be eligible for consideration as AFI's vendor.

Vendor Name	
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I hereby certify that there exist no conflict of interest between AFI and the above Vendor, or the team members assigned for this RFP that the latter is participating.

I further confirm that,

1. No AFI's employee or immediate family member of AFI's employee, has an ownership interest in Vendor's company, or is deriving personal monetary or non-monetary gain from this contract.
2. No ex-AFI employee, retired or separated from AFI for less than one (1) year has an ownership interest in Vendor's company.
3. No AFI's employee is contemporaneously employed or prospectively to be employed with the Vendor.
4. No gifts or hospitality of any dollar value or any other gratuities has been provided to any AFI employee in order to obtain or maintain a contract.
5. The above is true with the exception on the conflict of interest disclosed below:

Name of AFI employee	
Status of AFI employee	Types of conflict of interest
<input type="checkbox"/> Currently employed by AFI Please provide details: _____	<input type="checkbox"/> Has ownership interest in vendor's company Please provide details: _____
<input type="checkbox"/> Previously employed by AFI (less than 1 year) Please provide details: _____	<input type="checkbox"/> Has immediate family member with ownership interest in Vendor's company Please provide details: _____
<input type="checkbox"/> Others Please provide details: _____	<input type="checkbox"/> Is an immediate family member to particular team member in this project Please provide details: _____
	<input type="checkbox"/> Others Please provide details: _____

I certify, by signing below, that the information provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that any false statements or deliberate omissions on this form may be classified as fraudulent misrepresentation.

Signature of Vendor Authorized Representative

Date

Printed Name of Vendor Authorized Representative