

**Georgia Country Coordinating Mechanism for Global Fund Grants
Conflict of Interest Declaration Form**

(to be used for G-CCM members who are unable to read the Georgian CoI Declaration Form
as given in Resolution #220, to be completed during or prior to CCM Meeting)

Date:

Name/Surname

Organization:

Position in the CCM:

I, _____ (name), in connection with Article Conflict of Interests and Resolution of the CCM Decree declare the following:

1. I reviewed carefully article Conflict of Interests and its Prevention of the CCM Decree
2. I agree to comply with principles and requirements given in this Article;
3. I agree to undertake obligation to give notice in writing to the CCM about any existing or potential circumstance, which may cause conflict of interests or to be considered as conflict of interests during term of my work in the CCM;
4. I agree with one of the two provisions declared below, which by the information available to me, is true for the moment of signature:
5. No: My work in the CCM will not cause conflict of interests, it does not exist any grounds or circumstance, which contradicts to Article 4 of the CCM Charter;
6. Yes: My work in the CCM will cause conflict of interests or create the circumstance, which may be considered as conflict of interests. (Please specify the nature of the Conflict of Interest and the agenda item you have conflict of Interest)

Signature:

CONFLICT OF INTEREST DISCLOSURE FORM

TO BE FILLED BY MEMBERS WITH CONFLICT OF INTEREST ONLY PRIOR TO OR DURING G-CCM MEETINGS

TITLE (Mr./Mrs./Ms./Dr./Prof.	
NAME	
ORGANIZATION	
CONSTITUENCY REPRESENTED	
DISCLOSURE	
<input type="checkbox"/> I have conflict of interest on the following agenda items: 1. 2. 3. 4.	
Provide details of the conflict of interest	
SIGNED	
DATE	

