**ANNEX E**

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| --- |
| **CONFLICT OF INTEREST DECLARATION** |

**NAME OF TENDER:** Partnership Pharmaceutical Service

**APPLICANT:**

I/We, the undersigned

…………………………………………………………………………………………… (Name)

…………………………………………………………………………………………… (Home address)

……………………………………………………………………………………………

……………………………………………………………………………………………

Representing (*Company name and address*):

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Declare that:-

**Option 1:**

“I/we **do not** have any conflicts of interest that prevent my/our full and unprejudiced participation in any procurement process or contract management in connection with the above Tender opportunity.”

…………………………………………………… ……………………………………...

(Signature) (Date)

**Option 2:**

“I/we **do have** any conflicts of interest that prevent my/our full and unprejudiced participation in any procurement process or contract management in connection with the above Tender opportunity. The nature of this conflict of interest is described below:-

I also declare that I will inform The Partnership as soon as is practicable, should my circumstances change in any way that affects this declaration.”

…………………………………………………… ……………………………………...

(Signature) (Date)