



**Conflict of Interest Disclosure Statement for Governors and Members of Board Committees
Fiscal Year**

As per the *Code of Ethics and Professional Conduct applicable to Members of the Board of Governors and members of Committees Established by the Board* – ([BD-10](#))

Updated – February 2010

The personal information requested in this statement is being collected and will be used to evaluate any possible conflicts of interest between your obligations towards Concordia University (the “University”) and your personal interests as outlined in the *Code of Ethics and Professional Conduct applicable to Members of the Board of Governors and Members of Committees Established by the Board* (the “[Code](#)”). This information will not be disclosed except as required by law or by a competent legal authority.

1. Do you or a related party¹ serve on the Board of Directors (or equivalent) or as an Officer of any entity with whom the University does or reasonably expects to do business **within the next twelve months of signing this statement**? Yes No

If yes, list on [Attachment A](#) the name of the entity and the position you hold or a Related Party holds.

2. Do you or a related party own shares or have a direct or indirect financial interest (excluding any ownership of 5% or less of a public entity and any mutual funds) in, or obligation to, any entity with whom the University does or reasonably expects to do business **within the next twelve months of signing this statement**? Yes No

If yes, list on [Attachment A](#) the name of the entity and the interest that you or a member of your Immediate Family has.

3. Do you or a related party, individually or through an entity in which you have at least a 35% Ownership Interest, have or reasonably expect to have **within the next twelve**

¹ Related party, for the purposes of this statement, means a member of your immediate family (spouse, child, parent or sibling), or a person living in your household, or any other person with whom you share a financial interest, either directly or indirectly.

months of signing this statement any employment or contractual relationships with the University? Yes No

4. Please describe on Attachment A any relationships, positions, or circumstances in which you are involved, other than those described above, that you believe could be a conflict of interest.

5. You acknowledge having received and read the Code and understand that it is your responsibility to avoid real or perceived conflicts of interest and to make full, timely and on-going disclosure of conflicts when they arise.

6. You understand that you have a continuing obligation to update the information in this statement and agree that you will do so if and when any circumstances change.

Signature _____

Print Name _____

Date _____

Attachment A

Please list any responses to the questions asked above or indicate that you have no additional information to disclose. If necessary, use additional sheets and include your name on those sheets.

I have no additional information to disclose.

Please note the following additional information: