

## Volt-Age Conflict of Interest Declaration Form

Please complete and return th	e signed form by email to: volt-age@concordia.ca
Surname:	
First name(s):	
Institution:	
City:	Province:
I hereby declare the following:	
☐ No Conflict of Interest	
Potential Conflict of Inter	est (please specify below)
Area of Work	Nature of Interest/Conflict
Note: If you have more Conflictoryour form listing out the add	tts of Interest than the space above allows, please attach a separate page ditional conflicts.
disclosed all interests that I cu	olt-Age Conflict of Interest Policy and agree to abide by this policy. I have rrently perceive as applicable in relation to my engagement with Volt-Age. nt on an annual basis as well as when new issues arise.
Date:	Signature: <u> </u>