

## Volt-Age Conflict of Interest Declaration Form

Please complete and return the signed form by email to: [volt-age@concordia.ca](mailto:volt-age@concordia.ca)

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

I hereby declare the following:

- ☐ No Conflict of Interest
- ☐ Potential Conflict of Interest (please specify below)

Area of Work	Nature of Interest/Conflict
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note:** If you have more Conflicts of Interest than the space above allows, please attach a separate page to your form listing out the additional conflicts.

**Declaration:** I have read the Volt-Age Conflict of Interest Policy and agree to abide by this policy. I have disclosed all interests that I currently perceive as applicable in relation to my engagement with Volt-Age. I agree to update this statement on an annual basis as well as when new issues arise.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ 