



**CONFLICT OF INTEREST DECLARATION FORM (VENDORS)**

I hereby declare that I and/or any Directors, Key Management and substantial shareholders<sup>1</sup> (including their Family Members<sup>2</sup>) of the Company/ Group (thereafter referred to as "Vendors") have an actual/ potential Conflict of Interest with SD Guthrie, whereby SD Guthrie<sup>3</sup>'s Directors or Personnel or their Family Members have:

- A. Financial interest in the Vendor, except that in the case of a public listed company whereby an interest of less than 5% in the equity will be disregarded.
- B. Directorships or holding of offices in or having business dealings or contractual arrangements with the Vendor.
- C. Received emoluments/commissions/benefits in kind from the Vendor.
- D. Personal business dealings with the Vendor that is not on an arms-length basis, e.g. there are terms more favourable than what are being offered to the public.
- E. Family relation (is a Family Member) or has close personal relationship with the Directors, Key Management and substantial shareholders of the Vendor.

Please state details:

\_\_\_\_\_  
 (Signature)

Name:  
 Designation:

\_\_\_\_\_  
 (Date)

Company:  
 Company Stamp:

**RECEIVED BY (SD GUTHRIE'S EMPLOYEE)**

\_\_\_\_\_  
 (Signature)

Name:  
 Designation:

\_\_\_\_\_  
 (Date)

Department:  
 Company:

<sup>1</sup> 5% or more of the shareholding of the Vendor  
<sup>2</sup> Spouse(s), children (including step-children and adopted children), parents, step-parents, siblings, step-siblings, grandparents, grandchildren, in-laws, uncles, aunts, nieces, nephews, and first cousins, as well as other persons who are members of the household  
<sup>3</sup> Refers to SD Guthrie and its Group of Companies



**CONFLICT OF INTEREST DECLARATION FORM (VENDORS)**

(Conflict Resolution)

**\*PARTY CONSULTED (refer to the Group COI Guidelines)**

I have reviewed the conflict of interest disclosure and propose the following action plan to resolve/manage this matter:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name:  
Designation:

Department:  
Company:

**\*APPROVAL (refer to the Group COI Guidelines)**

I have reviewed the conflict of interest disclosure and agree to implement the proposed plan to resolve/manage this matter:

Conflict of Interest Resolution	Action Party

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name:  
Designation:

Department:  
Company:

*\*Only applicable for conflict of interest related to Employees. For conflict of interest related to Directors, refer to the Group COI Guidelines for the conflict resolution process.*