DECLARATION OF INTERESTS (DoI) FORM

The RBM Partnership’s reputation for transparency, as well as objectivity and unbiased work, is essential to achieve its objectives. In this regard, to ensure the highest integrity and public confidence in its activities, the RBM Partnership requires that Board Members, their advisors and alternates, and members of Partnership Committees and Working Groups disclose any circumstances that could give rise to a potential or reasonably perceived conflict of interest related to the subject of the activity in which they will be involved.

Kindly complete this form and submit it to the RBM Secretariat on an annual basis, prior to attending or participating in Partnership Board meetings or other partnership mechanisms.

When completing this form, the individual must disclose their own personal interests as well as those of their partner (the individual’s spouse or domestic partner), and minor children.

What is a conflict of interest?

Generally, a conflict of interest may occur if an interest or activity influences or appears to influence the ability of an individual to exercise objectivity or impairs their ability to perform their responsibilities in the best interest of RBM Board or other Partnership mechanism.

An employment relationship would include consulting (including services as a technical or other adviser) and research support (whether grants, collaborations, sponsorships and other funding, as well as non-monetary support valued at more than USD 1,000 (including equipment, facilities, research assistance, paid travel to meetings, etc), for past, ongoing or future work (if under negotiation).

A financial interest would include investment interests valued at more than USD 10,000 (stocks, bonds, stock options, other securities, as well as commercial business interests such as proprietorships, partnerships, joint ventures, board memberships, controlling interest in company), including indirect investments such as a trust or holding company. This does not include mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

Other interests would include intellectual property rights (patents, trademarks, or copyrights, including pending applications, as well as proprietary know-how in a substance, technology or process), or holding an office or position, whether paid or unpaid.

An apparent conflict of interest exists when an interest would not necessarily influence the individual but could result in the individual’s objectivity being questioned by others. Conflicts can create the perception that the individual’s judgment is biased. As such, conflicts can compromise or undermine the trust that the public places in the Board and the RBM Partnership.

The individual must also promptly inform the RBM Secretariat if any change in the information disclosed occurs at any time during their participation in the Partnership mechanisms.
If an individual declines to complete the DoI form, he/she may not be permitted to participate in the RBM Board or other Partnership mechanisms.

**How do I complete this Form?**

Please answer the questions in the Form (at the end of this document), sign and date the Form, and then submit your signed and scanned Form, via email, to the RBM Partnership Secretariat (to the Assistant to the CEO and Board Chair, Lilya.Boaron@endmalaria.org and the COO, Clara.Mathieugotch@endmalaria.com).

**When must I complete this Form?**

Individuals are requested to complete this form before their formal appointment to the RBM Board or other Partnership mechanism.

The DoI Form shall be updated annually and whenever there is a material change in the information provided by an individual.

Submitting and updating a DoI Form is mandatory. Failure to submit and update completed Forms may result in non-appointment or exclusion from the relevant Partnership mechanism or activity.

**When must I update my completed Form?**

Once you have submitted this Form for the first time, you are required to update it annually and in case of a change to your financial or professional situation (such as new employment) that creates a ‘financial interest’ that must be disclosed.

**Assessment and Outcome:**

The information submitted will be used to assess whether the declared interests constitute an appreciable real, potential or apparent conflict of interest. It should be clarified that the giving of affirmative answers to questions in a DoI form would not automatically disqualify or limit your participation in the RBM Meeting or event. Rather, your answers will be reviewed by the Chair or appropriate RBM Partnership official to determine whether a conflict of interest relevant to the subject at hand exists.

The Chair or appropriate RBM Partnership official will review the submissions on an annual basis (or as may be needed if changes occur).

If the review results in the conclusion that the declared interest gives rise to a potentially or clearly significant conflict (or may be reasonably perceived to be so), the individual concerned will be informed, and one of the following three options, or a combination of these options may be applied: (i) conditional participation (i.e., participation subject to public disclosure of your interest); (ii) partial exclusion (i.e., from that portion of the meeting or work that is related to the declared interest, and/or from the corresponding decision-making process); or (iii) total exclusion (the individual is asked not to take part in the meeting or work altogether).

Any relevant conflicts will be publicly disclosed to other participants at the start of the activity and in the resulting report. Furthermore, if the objectivity of the work or meeting in which an individual is involved in is subsequently questioned, the Chair of the RBM Board, may require a review of any possible conflicts of interest in relation to this work or meeting.

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1 Specific procedures will be put in place for Partner Committee and Working Groups.
RBM Partnership: Declaration of Interest Form

Have you or your partner any financial or other interest in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?

Yes: ☐  No: ☐  If yes, please give details in the box below.

Is there anything else that could affect your objectivity or independence in the performance of your duties as a Board member for the RBM Partnership, or the perception by others of your objectivity and independence?

Yes: ☐  No: ☐  If yes, please give details in the box below.

Do you or your partner have, or have you had during the past 4 years, an employment or other professional relationship with any entity directly involved in the production and manufacture of tobacco, tobacco product or of weapons and arms, or with an entity directly representing the interest of tobacco or arms industry?

Yes: ☐  No: ☐  If yes, please give details in the box below.

<table>
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<tr>
<th>Type of interest (e.g. patent, shares, employment, association, payment) and basic descriptive detail</th>
<th>Name of company, organisation or institution</th>
<th>Belongs to you, family or employer or other?</th>
<th>Current interest (or year ceased)</th>
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Is there anything else that you wish to disclose and that you believe may compromise your capacity to exercise objectivity or impair your ability to perform your responsibilities in the best interest of the RBM Board or other Partnership mechanism? If so, please indicate this below:

___________________________________________________________________________
___________________________________________________________________________

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform the RBM Partnership of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.

__________________________________________________________  ____________________________
Name                                                   Date

__________________________________________________________
Signature