



# UNIVERSITY OF SASKATCHEWAN

---

## **BOARD OF GOVERNORS DISCLOSURE OF CONFLICTS OF INTEREST AND WILLINGNESS TO ABIDE BY BOARD GUIDELINES AND STANDARDS**

In order to satisfy the requirements of accountability and transparency, the following information is required of each Board member:

- |    |  |     |    |
|----|--|-----|----|
| 1. | Are you an employee of the University?   | Yes | No |
| 2. | Are any members of your immediate family employees of the University?  | Yes | No |
| 3. | Are you a student of the University?   | Yes | No |
| 4. | Are any members of your immediate family students of the University?   | Yes | No |
| 5. | To the best of your knowledge, do you, or a member of your immediate family, have a personal interest in an entity(s) that does business with or competes with the University? | Yes | No |
- If yes, indicate name of entity(s) and relationship:

---

---

---

6. To the best of your knowledge, do you, or a member of your family, engage in any other activity or have a personal interest that could be regarded as a conflict of interest for you in your role with the University?
- |     |    |
|-----|----|
| Yes | No |
|-----|----|
- If yes, indicate activity and personal interest:

---

---

---

---

**Undertaking regarding conflict of interest and confidentiality**

I have read and understood the University of Saskatchewan's *Guidelines Governing Board Member Responsibilities* and *Board Governance Standards*.

I understand and agree to the following:

- I have disclosed all activity I am engaged in that could be perceived as a conflict of interest.
- I will not distribute Board and committee materials further, and I will keep in confidence the Board and committee materials designated as confidential and confidential conversations of the Board. I agree that my undertaking of confidentiality extends beyond my term on the Board into perpetuity.
- Should circumstances change, and in particular if a new potential conflict of interest arises, I will update the information in this declaration to disclose any such change as soon as possible.

I certify that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

Submit to: University Secretary, 212 Peter MacKinnon Building, University of Saskatchewan