

Form: I- CI  
Regulation Section: 8(e)

### CONFLICT OF INTEREST DECLARATION

1. Do you or your partner have 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.

2. Do you have, or have you had during the past 5 years, an employment or other professional relationship with any entity directly involved in the production, manufacture, distribution or sale of medicinal products, or directly representing the interest of any such entity?

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

Type of interest, e.g. patent, shares, employment, association, payment, (including details on any compound, work, family relation etc.)	Name of commercial entity	Belongs to you, partner or unit?	Current interest? (or year ceased)

3. Is there anything else that could affect your objectivity or independence in the meeting or work, or the perception by others of your objectivity and independence?

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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.

Name & Signature ,  
Date :  
Place :