



Declaration of Conflict of Interest Form

Employee Name: _____

Employee ID#: _____

I, _____ [name], hereby declare the following actual or potential conflict of interest:

1. Description of the situation giving rise to the actual or potential conflict of interest:

2. Name of company(s) or individual(s) involved with the actual or potential conflict of interest:

3. Nature of personal interest or involvement with company(s) or individual(s):

4. In agreement with my supervisor, we have agreed to the following actions to be taken to mitigate the actual or potential conflict of interest:

The undersigned hereby acknowledge the above noted actual or potential conflict of interest and agree to the above noted action to be taken to mitigate the actual or potential conflict of interest.

Signature of Employee

Date (MM/DD/YY)

Signature of Supervisor

Date (MM/DD/YY)

Signature of Vice-President

Date (MM/DD/YY)

Employees must avoid conflicts of interest or situations where their personal interests could conflict or appear to conflict with their employment duties or responsibilities.

If employees find themselves in situations or potential situations, of conflict of interest they must seek guidance from their supervisor or HR Advisor to determine if a conflict exists and how to deal with it. If a conflict of interest or a potential conflict of interest is identified the employee must formally declare the conflict by using this Declaration of Conflict of Interest Form.

**Please send the completed form to HRServices@cenovus.com or
Company Contact**