

**PROVINCE OF PRINCE EDWARD ISLAND  
CONFLICT OF INTEREST POLICY  
CONFLICT OF INTEREST DECLARATION**

Employee Name:	
Employee Number	
Position Title & Number (where applicable):	
Department Or Agency of Employment:	
Reason for Statement:	

**I DO HEREBY DECLARE: (x)**

- ( ) I have reviewed the Government's Conflict of Interest Policy and I have no real or personal property, business, financial, outside employment or community interest to declare pursuant to the aforesaid policy.

Date:	Employee Signature:

Date:	Deputy Minister/Chief Executive Officer Signature:

