

Declaration of Interests Form



This form should be completed by:

- a. All new employees
- b. Existing employees who consider that their personal interests could constitute a (significant) conflict of interest and wish to declare their interests
- c. A specific group of employees who are required to complete an annual declaration

A. DECLARATION

I have read and understood the Likewise Device Protection UK Limited (LDP) – Conflict Of Interest Policy. I understand that failure to abide by this Policy will render me liable for disciplinary action, including possible termination of employment and investigation by the Financial Conduct Authority that may lead to civil and/or criminal proceedings being commenced by this authority, which may prevent any future employment with firms regulated by this authority.

Please tick the box of the section that applies to you:

1.	I do not have any known Conflict of Interest between my private interests, including those of close family members, and my position as an employee / director of Likewise Device Protection UK Limited	
2	I do have a known Conflict of Interest between my private interests, including those of close family members, and my position as an employee / director of Likewise Device Protection UK Limited, which I hereby wish to declare <i>(please complete section B of this form with details of the nature of your interests)</i>	

Section A signed (person making declaration):

Signature	
Name	
Job title	
Function/unit	
Date (dd/mm/yyyy)	

Thank you for completing this form. Please forward completed and signed form by email to peopleteam@likewise.com.

B. Nature and details of your interest(s)

Please use the fields below to provide information about your interest to be disclosed (*if more than 1 interest, use fields 2 and/or 3; if more than 3 contact the Compliance Director for instructions*)

1	Select nature of interest from drop-down menu	
	Provide details of your interest, incl. expected duration	
2	[optional] Select nature of interest from drop-down menu	
	Provide details of your interest, incl. expected duration	
3	[optional] Select nature of interest from drop-down menu	
	Provide details of your interest, incl. expected duration	

By signing and submitting this form:

- You understand your responsibilities for providing an up-to-date and accurate declaration and you confirm that this form captures your outside interests and those of your close family.
- You understand that failing to make an accurate declaration may be treated as a disciplinary matter by Likewise Device Protection UK Limited (LDP) or lead to termination of your (employment) contract with LDP.

Section B signed (person making declaration):

Signature	
Name	
Date (dd/mm/yyyy)	

Compliance use only
COI category, duration