

Declaration of Conflict of Interest (Real or Potential)

Nam	ne:	·	LC Position/Role:	
	(please print)			(please print)
(See	LC Conflict of Inte	rest Policy – Oper	ations Manual s.59	and 3.7 for details)
	the Conflict of Interes that place me in a Co	st Policy, by stating tha	at I have no circumstan	gation to advise LC, under cces - real or perceived,
	on circumstances, ma Lacrosse Canada, hov	ay place me in a Confl wever by truthfully pro I am fulfilling my obli		
posi num bein	tions/roles/affiliations/conbers; or name of companders; or name of	empanies, either (LC, MA any/associations you ma arate sheet if required.)	ay be affiliated with below	ed); company names and w and the type of work
Con. the i perc I also situa	flict of Interest Policy and best of my knowledge. I seived conflict situation to agree to notify Lacross	d that the information of also understand that to that I may be subject to e Canada immediately		etermined by LC. es change or any
Sigr	ned by:			Date: YYYY-MM-DD