

## Appendix C Reporting of Conflict Interest

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Affected party \_\_\_\_\_

Description of conflict \_\_\_\_\_

Is Cashel being paid to do this work, if so by whom? \_\_\_\_\_

List any potential conflicts of interest identified \_\_\_\_\_

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Who will be performing the work? \_\_\_\_\_

Responsible -Manager / Compliance Assessment: \_\_\_\_\_

\_\_\_\_\_

Has the conflicts register been checked?: \_\_\_\_\_

Rating            SC      MC      LC

Reason for conflict rating \_\_\_\_\_

\_\_\_\_\_

Has the work been approved to be conducted?: \_\_\_\_\_

\_\_\_\_\_

If so, any conditions? \_\_\_\_\_

Sign Off

RM: \_\_\_\_\_

Compliance: \_\_\_\_\_

Representative \_\_\_\_\_