

Appendix 2 – Disclosure Form for partner institutions

The present Disclosure Form must be used to communicate to ICARS the details of the occurred actual, perceived or potential conflict of interest and the proposed action to be taken for the employee participating in an ICARS activity.

Name and title of the person for which there is an actual, perceived or potential conflict of interest:

| Potential implications for the partnership with ICARS | Proposed action |
|---|--------------------------------|
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| the Disclosure Form to ICARS: | |
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| at the disclosed information is true and accurat | e to the best of my knowledge. |
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| | the Disclosure Form to ICARS: |