Conflict of Interest Declaration – Compensation and Payments

Purpose

This form confirms compliance with Section 4(k) of Brandon University's *Research Compensation and Research Personnel Payments Policy* and applicable institutional conflict of interest requirements. It applies to payments administered by Brandon University, regardless of funding source.

1. Account Information

Account Holder: _____

Account Number: _____

Individual Receiving Payment: _____

2. Conflict of Interest Declaration

Under Section 4(k) of the *Research Compensation and Research Personnel Payments Policy*, an account holder must not use funds from an account under their authority to provide compensation or other payments to their spouse, partner, parent, child, sibling, or other immediate family member.

Other relationships or circumstances that may give rise to an actual or perceived conflict of interest must be disclosed and will be reviewed and assessed by the Office of the Vice-President (Research & Graduate Studies) in accordance with applicable University policies.

I confirm that:

☐ The proposed payment does not violate the prohibition on payments to immediate family members.

☐ No other relationships or circumstances exist that may constitute an actual or perceived conflict of interest.

☐ I have disclosed below any other relationships or circumstances that may constitute an actual or perceived conflict of interest.

If applicable, describe the relationship or circumstances:

☐ The information provided is accurate and complete.

3. Authorization

Account Holder: _____Signature: _____

Date: _____