

GIFT DECLARATION FORM

Individual to complete this section	
Declaration Date	
Name	
Position	
Division / Department	
Details of Gift, Benefit or Hospitality	
Date Offered	
Description of Gift, benefit or hospitality	
Estimated/Actual value	
Offered by: <i>(Name of individual & his organization)</i>	
Is the offeror/entity a business associate? <i>If YES, describe the relationship between them and our organization</i> <i>If NO, describe the relationship between you and the offeror / entity making the offer</i>	
Reason for the Offer	
Would accepting the offer: a) Create an actual/potential or perceived conflict of interest? b) Bring you, our organization into disrepute? <i>If, either answer above is YES, then the offer must be declined</i>	<i>Detail of conflict of interest</i>
Is there a legitimate business benefit to the organization for accepting the offer, i.e. does it meet the following: a) It was offered during the course of your official duties; b) It relates to your official responsibilities / position; c) It has a benefit to the organization <i>If any of the above is NO, the offer must be declined</i> <i>If any of the above is YES, the benefit must be detailed</i>	<i>Detail of business benefit</i>
I accepted the offer	
	Signature & Date

Head of Department/Branch Head	
Name	
Position	
Division / Department	
Decision regarding tangible gifts: <i>To specify whether the reporting staff may retain the gift, transfer the gift to the organization, return to offeror, donated to charity, any other action.</i>	
Confirmation of Approver I have reviewed this declaration and confirm that, to the best of my knowledge, the acceptance of the offer by the individual above: a) Does not raise an actual/potential or perceived conflict of interest for the individual or myself; and b) Will not bring the individual, myself, the organization into disrepute; and c) Will provide a clear business benefit to the organization	
	Signature & Date