

Lesotho Country Coordinating Mechanism for Global Fund Grants
Conflict of Interest Declaration Statement

This declaration form is to be completed by the LCCM members, alternates, Ex-Officio, Secretariat staff and all members of LCCM committees. The declaration form will be updated annually.

I, pledge to comply with the Lesotho Country Coordinating Mechanism (LCCM) Conflict of Interest Policy.

As an LCCM member, alternate or other interested party, I shall not discuss, advocate or vote on any matter in which I have a real or potential conflict of interest, or any interest, which might reasonably appear to be in conflict with the concept of fairness when dealing with the business of the Global Fund funded Programs.

I acknowledge that a conflict of interest or a potential conflict occurs if:

- a) I have a self, monetary, or other interest, either direct or indirect; and/or
- b) The organization that I represent may have a financial, administrative, or programmatic interest in issues or transactions under consideration.
- c) I hereby certify that I have read and understood the Conflict of Interest Policy. I confirm that I will adhere to the Conflict of Interest Policy, which requires me to disclose a conflict or potential conflict of interest on a particular issue to the LCCM. In such cases, I shall excuse myself from LCCM discussions and voting concerning the matter in question.

I further acknowledge that I am obliged to raise any conflict of interest I may be aware of amongst other members of the LCCM or implementing organizations to safeguard the LCCM reputation and ensure it adheres to ethical standards, and conducts business in a balanced and transparent manner.

In keeping with the above principles and those further stated in the Conflict of Interest Policy, I would like to declare as follows: For the current year: *(Tick the item that applies)*

I do not have any foreseeable conflict of interest that relates to the functions and operations of the Global Fund grants in Lesotho.

I have a conflict of interest. (Please fill out the table below.)

Signature: _____

LCCM Member Name: _____

Constituency: _____

Date: _____

Please, complete the table below if you have any conflict of interest to declare

**AFFILIATIONS THAT PRESENT CONFLICT OF INTEREST FOR THE LESOTHO
COORDINATING MECHANISM**

Organization (Name and Address)	Type of Organization (Government/Private/ NGO)	Nature of the Conflict of Interest