



STAFF CONFLICT OF INTEREST QUESTIONNAIRE

This questionnaire is an integral part of the Companies Conflict of Interest Management Policy, a copy of which forms part of the documents supplied to you upon employment. The questionnaire is completed upon employment and at least annually, but it is expected that any changes that occur in your personal circumstances are disclosed to us. Whilst our full policy contains all the required definitions, the following have relevant for this questionnaire:

Third Party	Any product supplier (insurer), any other Financial Services Provider, any distribution channel (a company that provides assistance with the sale of insurance products to the
Service Providers	The suppliers of services within the insurance business e.g. Panel beaters, assessors, contractors, security companies.
Suppliers	The suppliers of services or goods to the company outside the insurance business e.g. stationary, IT, accounting.
Other Employment	Any of the following relationships: Employer/Employee, Partnership, Owner, Work for NGO's Section 21 companies or community associations.
Family	Spouse (legal, religious, civil union, life partner), Child (own, adopted/step), Parent (own/step and their spouses), Siblings (own/step), immediate next level of any of the:
Financial Interest	<ul style="list-style-type: none"> i. Products and legal matters relating to those products; ii. General financial and industry information; iii. Specialized technological systems of a third party necessary for the rendering of a financial service; <p>But excluding travel and accommodation associated with that training.</p>

NB: All answers given as Yes need to provide full details.

If there are any relationships that exist that you feel may not be covered by the above definitions or the question, then please provide this information:

connected insurance

T (011) 799 6400

4 Georgian Crescent West, Bryanston, 2021

PO Box 70182, Bryanston, 2191 | info@apio.co.za | www.apio.co.za

Apio Risk Services (Pty) Ltd is an authorised Financial Services Provider | FSP 44335

Directors: Richard Hood, Derek Strydom, Devon Bishop

1. Do you or any member of your family have any direct financial interest in any third Party? Yes No

Details:

2. Do you or any member of your family have any direct financial interest in any Service provider? Yes No

Details:

3. Do you or any member of your family have any direct financial interest in any Supplier? Yes No

Details:

4. Are you or any member of your family employed by any Third party? Yes No

Details:

5. Are you or any member of your family employed by any Service Provider? Yes No

Details:

6. Are you or any member of your family employed by any Supplier? Yes No

Details:

7. Do you have any other employment? Yes No

Details:

8. Are you or any member of your family a director of any Third Party? Yes No

Details:

9. Are you or any member of your family a director of any Service Provider? Yes No

Details:

10. Are you or any member of your family a director of any Supplier? Yes No

Details:

11. Have you or any member of your family received any financial interest from any Third Party within the past 12 months? Yes No

Details:

12. Have you or any member of your family received any financial interest from any Service provider within the past 12 months? Yes No

Details:

13. Have you or any member of your family received any financial interest from any Supplier within the past 12 months? Yes No

Details:

14. Have you or any member of your family a current debtor - creditor relationship with any Third Party? Yes No

Details:

15. Have you or any member of your family a current debtor - creditor relationship with any Service provider? Yes No

Details:

16. Have you or any member of your family a current debtor - creditor relationship with any Supplier? Yes No

Details:

17. Do you have any relationship, including a financial one, with any member of management, any director/member, or other staff member of the company? Yes No

Details:

18. Any other information you deem relevant? Yes No

Details:



Declaration:

I have read and full understand the Companies Conflict of Interest Management policy.

I confirm that the information supplied is accurate and complete

I undertake to advise the Company of any changes to the provided detail or any other situation that may arise that could potentially be seen as a conflict of interest.

Name	
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Signature	
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Date	
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