



DISCLOSURE STATEMENT

I, _____ of _____ HEREBY DECLARE the following:

- (i) that I do not have any conflicts of interest with the Public Hospitals Authority ("PHA") in the granting of this contract;
- (ii) that I am not connected nor do I have any relationship with any Director, Executive, Government Official or Employee of the PHA that facilitated the granting of this contract;
- (iii) that no PHA Director, Executive and/or Government Official or Employee will receive compensation and indirectly benefit from the granting of this contract.

I understand that providing a false declaration to the PHA will result in immediate termination of the contract and/or criminal liability.

I also understand that should the PHA become aware at any time during the duration of this contract that the submission of a false declaration was provided by me to the PHA will result in immediate termination of the contract and/or criminal liability.

Name of Company

Owner of Company signature

Witness

Date

