

FORM FOR REPORTING AND MANAGING CONFLICTS OF INTEREST

Obligated persons - employees			
Obligated Person's Data			
Name and surname		Position	
Organizational unit		Contact number	
Email address			
Supervisor's Data			
Name and surname		Position place	
Organizational unit		Contact number	
Email address			
Engagement for which a conflict of interest is reported and circumstances causing it			

Plan for managing conflicts of interest

Measures for managing conflict of interest

The obliged person and their supervisor can propose the following measures for managing the conflict of interest:

Limitation: *the obliged person has a limited engagement (for access to certain information or decision-making)*

Reassignment: *another employee is appointed to execute the engagement*

Exemption: *the obliged person is fully relieved from the engagement until its completion. If the conflict of interest refers to the obliged person's position and cannot be reassigned to another post, the conflict of interest shall result in termination of employment*

Surrender of private interest: *the obliged person surrenders the private interest creating the conflict of interest, if possible*

Duration of the conflict of interest measure:

1 month

3 months

6 months

12 months

less than 1 month

Other (specify):

Statements

Employee's statement

I declare that the information provided in this Form is accurate and truthful. I commit to abide by the measures outlined above to manage effectively any potential conflict of interest to protect the interests and reputation of the organizational unit and the Company.

I pledge to promptly notify relevant parties of any changes in circumstances related to any conflicts of interest.

Employee's signature: _____

Name and surname: _____

Date: _____

Supervisor's statement

I hereby declare to abide by the plan for managing conflicts of interest outlined above and supervise the employee's compliance to manage effectively any potential conflict of interest to protect the interests and reputation of the organizational unit and the Company.

Supervisor's signature: _____

Name and surname: _____

Date: _____

Finding of competent person

Factua situation established

Conflict of interest

A potential or actual conflict of interest is confirmed

A potential or actual conflict of interest is not confirmed

Conflict of Interest Management Plan

The conflict of interest management plan is approved

The conflict of interest management plan is not approved

Signature: _____

Name and surname: Nikola Kolevski
Senior Director
Corporate Legal Department

Date: _____