## FORM FOR INTERPRETATION OF THE EXISTENCE OF CONFLICTS OF INTEREST

Obliged persons (all)			
Obliged person data			
Name and surname		Position	
Organizational unit		Contact number	
Email address			
Engagement and circumstances pointing to a possible potential or real conflict of interests.			

Statement		
Applicant's statement on the interpretation of the existence of a conflict of interest		
I declare that the information provided in this Form is accurate and truthful. I commit to abide by the finding and decision of the competent person regarding the existence of any conflict of interest and the actions imposed to address it, to manage effectively any potential conflict of interest to protect the interests and reputation of the organizational unit and the Company.		
Employee's signature:		

Competent person's finding		
Factual situation established	Conflict of interest    A potential or actual conflict of interest is identified	
Signature:		
Name and surname:	likola Kolevski Senior Director Corporate Legal Department	
Date:		