**General declaration of conflict of interest**

This declaration must be completed and signed by the person reporting the conflict of interest, signed by the guarantor, and uploaded to the EcoRegistry platform in a timely manner.

By means of this declaration, the undersigned reports that he/she is or may be involved in any relationship, business, financial or other process that may place him/her in a conflict of interest in relation to the CCMP described.

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| **Declarant information** | |
| **Name:** | *Escriba su nombre completo*. |
| **Position or relationship:** | *Escriba el cargo o la relación que tiene con la empresa.* |
| **ID:** | *Número de identificación.* |
| **Email:** | *Escriba su correo electrónico de contacto.* |

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| **Identification of the conflict** | |
| **The conflict of interest relates to:** *(tick all boxes that apply)* | |
| Relations with outsiders | Recruitment of staff |
| Business activities and shareholdings in companies | Use of confidential information |
| Financial interest | Economic activities of people nearby |
| Gifts/benefits | Other (if you have selected other, please provide details) |
| *If "other" is chosen, please explain the details in this space.* | |
| **Name(s) of the company(ies), person(s) and/or project(s) involved in the actual or potential conflict of interest:**  *List all institutions or persons involved in the conflict of interest.* | |
| **Description of the situation giving rise to the actual or potential conflict of interest:**  *Write a concrete description of the situation.* | |
| **Measures to mitigate actual or potential conflict of interest:**  *Describe the measures in place to mitigate the conflict of interest.* | |
| **Frequency of measures implementation** | |
| |  |  |  | | --- | --- | --- | | Every month | Every six months | Every year | | |
| |  |  |  | | --- | --- | --- | | Every certification | Other – explain | N/A: conflict is short-lived | | |

The signatories hereby acknowledge the above actual or potential conflict of interest and agree to the measures described above to mitigate the conflict of interest.

The individuals involved undertake to avoid future conflicts of interest or situations where their personal interests may conflict or appear to conflict with their job duties or responsibilities.

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| **Signatures** | | |
| **The declarant**  I declare that all information relating to my duties and my professional or private interests declared herein have been fully disclosed and documented.  I agree and undertake to comply with the mitigation measures identified in this form to eliminate or manage the conflict of interest. | | |
| Name: | *Enter the full name of the person filing the declaration* | |
| Signature: |  | Date: *Enter the date* |
| **The Guarantor**  I declare my intention to ensure compliance with the mitigation measures described in this form, to effectively manage the conflict of interest presented. | | |
| Name: | *Enter the name of the Cercarbono director.* | |
| Signature: |  | Date: *Enter the date* |