MANAGEMENT AND DEVELOPMENT FOR HEALTH (MDH)
CONFLICT OF INTEREST DISCLOSURE FORM
(To be completed by the Supplier / Vendor)

This form has been designed and issued by Management and Development for Health (MDH) for the purpose of making sure that transparency and avoiding any actual, potential or perceived conflict of interest in the procurement process.

Section A: Third-Party Details:

Company/Individual Name: _____
Registration Number: _____
Type of Entity/Service: _____
Contact Person: _____
Phone/Email: _____
Procurement/Contract Reference: _____
Date: _____

Section B: Conflict of Interest Disclosure

The third party must disclose whether it, its owners, directors, employees, agents, related companies, or family members have any relationship with MDH.

[ ] No conflict to disclose
[ ] Yes - Relationship with MDH employees, Board members, senior management, procurement staff, evaluation committee members, contract managers, finance, receiving, inspection, or payment approval staff.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Prior involvement in preparing specifications, terms of reference, budgets, or evaluation criteria for the procurement.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Gifts, hospitality, favors, commissions, discounts, employment offers, or other benefits offered to or received by MDH personnel.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Ownership, family, financial, governance, employment, consultancy, or other relationship that may affect objectivity.
Details: _____

Declaration:

- I confirm that the information provided is complete and accurate.
- I understand that failure to disclose a conflict may result in disqualification, contract termination, withholding or recovery of payment, reporting to donors or authorities, or other legal or administrative action.
- I agree to update MDH in writing if any new conflict arises during procurement, contract implementation, delivery, inspection, payment, or close-out.

Authorized Representative Name: _____
Signature: _____
Date: _____