

**SCHEDULE B
ANNUAL DISCLOSURE OF INTERESTS FORM**

(for use by senior administrators, senior officers, intermediate officers and officers)

1. INSTRUCTIONS

- This form must be completed by the senior administrators, excluding the executive director, senior officers, intermediate officers and officers of the CBHSSJB every year by September 30th at the latest in order for them to set out their interests in accordance with the *Conflict of interest policy applicable to senior administrators, senior officers, intermediate officers and officers of the Cree Board of Health and Social Services of James Bay* (the “**Policy**”).
- A “conflict of interest” means, without restricting the general scope of this term, any situation, actual, perceived or potential, that might threaten to compromise the senior administrator, senior officer, intermediate officer or officer’s ability to exercise his or her functions objectively as his or her judgment might be influenced and his or her independence affected by the existence of direct or indirect interests. Conflict of interest situations can involve money, information, influence or power.
- An “interest” means the interest of the concerned person, whether direct or indirect, pecuniary or not (including material, professional or philanthropic in nature), real, apparent or potential.
- Please read this form with reference to the Policy for further information and guidance.
- The completed and signed form must be forwarded to the director of corporate services at the time of disclosure. In the case of the director of corporate services, the form must be forwarded to the executive director.
- The disclosure submitted in accordance with the Policy is assessed to confirm whether or not the situation constitutes a conflict between your personal interests or the interests of an immediate relative or related business entity and your official duties or responsibilities within the CBHSSJB. If such conflict is found to exist, the appropriate actions will be taken in accordance with the Policy in order to permit the resolution of such conflicts.

PERSONAL INFORMATION

First name

Last name

Position title

Work location

DISCLOSURE

- I HAVE NO INTEREST TO DISCLOSE
- I HAVE THE FOLLOWING INTERESTS TO DISCLOSE:

Nature	Please provide details of the interest and whether it applies to yourself, or, where appropriate, an immediate relative or a related business entity (use and attach additional sheets if necessary)
a) Direct or indirect interest in any proposed or existing contract or agreement with the CBHSSJB or service or payment from the CBHSSJB	
b) Direct or indirect interest of an immediate relative or related business entity in any proposed or existing contract or agreement or service or payment referred to in item a) above	

<p>c) Direct or indirect interest in an undertaking (the fact of being a minority shareholder of a legal person which operates an undertaking referred to herein does not constitute a situation of conflict of interest if the shares of the legal person are listed on a recognized stock exchange and if you are not an insider of the legal person within the meaning of section 89 of the <i>Securities Act</i>)</p>	
<p>d) Direct or indirect interest of an immediate relative or related business entity in any undertaking referred to in item c) above</p>	
<p>e) Involvement in outside employment or outside business or other outside activities</p>	

f) Any other interest which might give rise to a conflict of interest	
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DECLARATION

I hereby declare that the above details are true and correct to the best of my knowledge and I make this annual disclosure of interests in good faith. I also undertake to immediately disclose in writing, in accordance with the Policy, any conflict that may arise in the future.

I hereby declare that I have reviewed and understand the latest version of the Policy and I agree to comply with its terms and conditions.

Signature (senior administrator, senior officer, intermediate officer or officer)

Date: _____

I hereby declare that I have received this annual disclosure of interests.

Signature (director of corporate services or executive director, as applicable)

Date