



**MPHHI  
CORPORATE GOVERNANCE POLICIES**

**MPHHI-CG02**

Revision No : 00

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Division: Legal and Compliance Department

Effectivity Date: July 21, 2021

Subject: **CONFLICT OF INTEREST POLICY (COI POLICY)**

**Schedule I**

**DECLARATION OF ADHERENCE AND CONFLICT OF INTEREST**

Date

Name [Chairman or President or Division Head]

Position

**Dear Sir,**

**I confirm that I have received, read and understood the Conflict of Interest policy of the [Company name] and I shall fully abide by the said policy in letter and spirit.**

**I further confirm that: (*strike off whichever is not applicable and narrate if required*):**

a) There is no conflict of interest with my roles and responsibilities entrusted to me by [Company name] or

b) I would like to declare the following associations which is or may create a potential conflict of interest situation in the discharge of my duties concerning [Company name]. The name and nature of my personal associations/interest is as under:

i) Government Officials which are covered as my relatives are:

\_\_\_\_\_  
\_\_\_\_\_

ii) Current and/or past position/role in government bodies, such as government hospitals:

\_\_\_\_\_  
\_\_\_\_\_

iii) Persons/Companies with whom I have official dealings/private interest with:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Name


Position

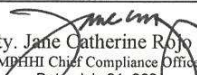
Cc:

Name [President or Head of HRD]

Position

Approved by:

  
Augusto P. Palisoc Jr.  
MPHHI President and CEO  
Date: July 21, 2021

  
Atty. Jane Catherine R. Tiu  
MPHHI Chief Compliance Officer  
Date: July 21, 2021