

Complete Ophthalmic Services CIC: Declaration of Conflict of Interests Form

This form is a mandatory document for Directors of Complete Ophthalmic Services CIC to complete in accordance with the Company's conflict of interest declaration and register policy.

As part of the Company's procedure for bidding for NHS commissioned services and contracts, it is essential that directors of the Company state any interest or position that they and/or a family member¹ hold in any other organisation participating in NHS commissioning processes in the field of eye health care, or other specialisms in the health and social care sector.

Declaration of Conflict of Interests Form:

Please complete the form below in full detailing all information as requested. Mark non-applicable areas as n/a. It is very important that you complete this form accurately as non-disclosed information may affect your ability to perform as a director of the Company.

Form below:

¹ Family member taken as: spouse (spouse to include any person who lives with another person in the same household); mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily.

| | You | Family member or spouse |
|---|------------|--------------------------------|
| Name | | |
| Optical profession (e.g. optometrist/dispensing optician) | | |
| Position within or involvement with the Company. | | |
| Details of position/involvement | | |
| Positions (including directorships) or any involvement (including shareholdings) with other private or public organisations participating in the NHS Commissioning process in the field of eye health care | | |
| Positions (including directorships) or involvement (including shareholdings) in any other private or public company operating in the wider health and social care sector | | |
| Any other role or relationship including with voluntary organisations you consider would impair or otherwise influence your work with the Company. | | |

I confirm that this **Declaration of Conflict of Interests Form** has been completed to the best of my knowledge. I undertake to update as necessary the information provided and to review the accuracy of the information at least annually or following any material change of circumstances (material change of circumstances being taken as anything that would otherwise have fallen in one of the categories above). I give my consent for the information to be used for the purposes of the Company's work in bidding for NHS commissioned services.

Signed:

Date: