This form is made pursuant to Management of Conflict of Interest Order No. **TCAA/O/CS/31**

SECTION A: STAFF INFORMATION

Full Name ..... Position..... PF No.....

Directorate ..... Section .....

SECTION B: OUTSIDE ACTIVITY DETAILS

1. Type of Business Activity ..... (Paid/Voluntary/Ownership/Consultancy/Other).
   If it is **Other** explain.....
2. Name of the Organization/Business .....
3. Description of Outside Activity you intend to undertake .....
4. Description of timings: Start Date..... End Date..... Hours per day.....

SECTION C: STAFF DECLARATION

I confirm that the information provided above is accurate and complete. I understand that engaging in outside activities without written approval may constitute a breach of TCAA policies and public service regulations. I agree to promptly notify the Authority of any changes to this information.

Staff Signature: ..... **Date:**.....

SECTION D: REVIEW AND RECOMMENDATIONS

PART I: Comments: .....

Signature: ..... Date:..... (To be filled by respective Chief)

PART II: Comments: .....

Signature: ..... Date:..... (To be filled by Director safety Regulation)

PART III: Comments: .....

Signature: ..... Date:..... (To be filled by Director Corporate Services)

SECTION E: APPROVAL (To be filled by Director General/Delegated Staff)

Approval is ..... **(granted /not granted)**

Comments (If Any): .....

Name ..... Position..... Signature: ..... Date:.....