



CONFLICT OF INTEREST DECLARATION FORM (VENDORS)

I hereby declare that I and/or any Directors, Key Management and substantial shareholders¹ (including their Family Members²) of the Company/ Group (thereafter referred to as "Vendors") have an actual/ potential Conflict of Interest with SD Guthrie, whereby SD Guthrie³'s Directors or Personnel or their Family Members have:

- | | |
|--|--------------------------|
| A. Financial interest in the Vendor, except that in the case of a public listed company whereby an interest of less than 5% in the equity will be disregarded. | <input type="checkbox"/> |
| B. Directorships or holding of offices in or having business dealings or contractual arrangements with the Vendor. | <input type="checkbox"/> |
| C. Received emoluments/commissions/benefits in kind from the Vendor. | <input type="checkbox"/> |
| D. Personal business dealings with the Vendor that is not on an arms-length basis, e.g. there are terms more favourable than what are being offered to the public. | <input type="checkbox"/> |
| E. Family relation (is a Family Member) or has close personal relationship with the Directors, Key Management and substantial shareholders of the Vendor. | <input type="checkbox"/> |

Please state details:

(Signature)

Name:

Designation:

(Date)

Company:

Company Stamp:

RECEIVED BY (SD GUTHRIE'S EMPLOYEE)

(Signature)

Name:

Designation:

(Date)

Department:

Company:

¹ 5% or more of the shareholding of the Vendor

² Spouse(s), children (including step-children and adopted children), parents, step-parents, siblings, step-siblings, grandparents, grandchildren, in-laws, uncles, aunts, nieces, nephews, and first cousins, as well as other persons who are members of the household

³ Refers to SD Guthrie and its Group of Companies



CONFLICT OF INTEREST DECLARATION FORM (VENDORS)

(Conflict Resolution)

***PARTY CONSULTED (refer to the Group COI Guidelines)**

I have reviewed the conflict of interest disclosure and propose the following action plan to resolve/manage this matter:

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(Signature)

(Date)

Name:

Department:

Designation:

Company:

***APPROVAL (refer to the Group COI Guidelines)**

I have reviewed the conflict of interest disclosure and agree to implement the proposed plan to resolve/manage this matter:

Conflict of Interest Resolution	Action Party

(Signature)

(Date)

Name:

Department:

Designation:

Company:

****Only applicable for conflict of interest related to Employees. For conflict of interest related to Directors, refer to the Group COI Guidelines for the conflict resolution process.***