GWS

Conflict of Interest Disclosure Form

GWS-COI-001 · Version 1.0

Institutional Use Issued 09/03/2026

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DOCUMENT CONTROL

Field	Value
Code	GWS-COI-001
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Approved by	GWS Management
Owner	Institutional Governance
Classification	Institutional Use
Language	English

This form is intended to identify actual, potential or perceived conflicts of interest that may compromise the independence, impartiality or reputation of GWS.

01

DECLARANT INFORMATION

Full name:

Position or role:

Area:

Related project, client or process:

Disclosure date: ____ / ____ / _____

02

TYPE OF DISCLOSURE

Select the applicable option:

- ☐ Actual conflict
- ☐ Potential conflict
- ☐ Perceived conflict
- ☐ I do not identify a conflict at this time

03

VERIFICATION QUESTIONS

Answer yes or no. If yes, provide details.

3.1 Relevant relationships

Is there any family, ownership or economic relationship with a relevant client, partner, supplier, competitor or public official?

☐ Yes

☐ No

Details:

3.2 Personal benefit

Is there any personal benefit received, promised or expected in connection with a professional decision, referral, engagement or negotiation?

☐ Yes

☐ No

Details:

3.3 External activity

Is there any external activity, parallel consulting work, ownership interest or other relationship that may interfere with your independence?

☐ Yes

☐ No

Details:

3.4 Use of information or opportunity

Is there any situation in which GWS information, relationships or opportunities may benefit a personal interest or a related third party?

☐ Yes

☐ No

Details:

3.5 Other relevant matter

Is there any other fact that should be assessed from a conflict-of-interest perspective?

☐ Yes

☐ No

Details:

3.6 Immediate measures adopted

Has there been any abstention from decision-making, interruption of discussions, access block or other preventive measure since the potential conflict was identified?

☐ Yes

☐ No

Details:

04

SUGGESTED MITIGATION MEASURES

Describe, if applicable, the mitigation measure suggested by the declarant:

05

DECLARATION

I declare that the information above is true and complete, and I undertake to report any relevant change that may create an actual, potential or perceived conflict of interest in my activities with GWS.

Declarant signature:

Date: ____ / ____ / _____

06

INSTITUTIONAL GOVERNANCE ASSESSMENT

Reviewed by:

Date fact identified: ____ / ____ / _____

Final status:

- ☐ No restriction
- ☐ With monitoring
- ☐ With mandatory mitigation measure
- ☐ Additional assessment required

Comments:

Defined measure / owner / deadline:

Review date: ____ / ____ / _____

For internal and institutional GWS use. Document subject to periodic review.

GWS

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