

Volt-Age Conflict of Interest Declaration Form

Please complete and return to	ne signed form by email to: <u>voit-age@concordia.ca</u>
Surname:	
First name(s):	
Institution:	
City:	Province:
I hereby declare the following	y;
No Conflict of Interest	
Potential Conflict of Inte	rest (please specify below)
Area of Work	Nature of Interest/Conflict
Note: If you have more Conflito your form listing out the ac	cts of Interest than the space above allows, please attach a separate page dditional conflicts.
disclosed all interests that I cu	olt-Age Conflict of Interest Policy and agree to abide by this policy. I have urrently perceive as applicable in relation to my engagement with Volt-Age. ent on an annual basis as well as when new issues arise.
Date	Signature Strang (