**Conflict of Interest Disclosure Form**

A conflict of interest may arise when the interest of our employees, or those of our family and friends, interfere with the ability to make decisions that would be in the best interest of GXO.

This Conflict of Interest Form is used to disclose and document any potential or actual conflict of interest that may exist between GXO and a GXO employee. This form should be completed to the best of your knowledge such that the details of the situation are clear to someone who is not involved in the situation. Once completed, please submit the form to your supervisor for their review and approval. Your supervisor will then submit the form to the GXO Ethics and Compliance department ([ethics@gxo.com](mailto:ethics@gxo.com)) for final review and approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (person completing the form):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does this Conflict of Interest Disclosure reporting form relate to you or another employee?** | | | | |
| **Myself:** | **Another employee:** | | **Name of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Business Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Please describe the conflict to the best of your ability:**

[add text here including who, what, when, where, why and how]

I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Supervisor Review:**

|  |  |
| --- | --- |
| Date Received: |  |
| Reviewed by: Name and Position |  |
| Recommended for approval: | Yes/No |
| Reviewer Comments: (describe why you approved or declined the Conflict of Interest Form |  |
| Signed: | ……………………………………………. |

**Ethics and Compliance Office Review:**

|  |  |
| --- | --- |
| Date Received: |  |
| Reviewed by: Name and Position |  |
| Recommended for approval: | Yes/No |
| Reviewer Comments: (describe why you approved or declined the Conflict of Interest Form |  |
| Signed: | ……………………………………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **VERSION CONTROL** | | | |
| **Ver.**  **No.** | **Release Date** | **Approved By** | **Reason for New Release** |
| 1 | 08/02/2021 | Chief Compliance Officer | Documentation of policy |
|  |  |  |  |