CORNWALL FEDERATION OF WOMEN'S INSTITUTES

DECLARATION OF INTEREST FORM

I	(name) as trustee/committee
member/employee of the Cornwall Federation of	of Women's Institutes (CFWI), in the position of
	(position) have set out my interests in
accordance with the organisation's conflicts of in	nterest policy.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family, connected persons or some close personal connection.
Current employment and any previous employment in which you continue to have a financial interest.	
Appointments (voluntary or otherwise), e.g. trusteeships, directorships, local authority membership, tribunals etc.	
Membership of any professional bodies, special interest groups or mutual support organisations.	
**Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests.	
Any other interests that are not covered by the above which could give rise to a conflict of interest.	

******20% for NFWI and federation trustees, and 50% for WI trustees

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed:		

Position:

Date _____