

PERSONAL INTERESTS

Please list all businesses or entities which you or your immediate family have a personal interest (117-45.1(3))

Business/Entity name and address	Name of person(s) with personal interest	Type of interest (owner, employee, contract, etc.)	If owner, % ownership If employee, title If other, value of interest

Attach additional sheets if necessary

ACKNOWLEDGMENT

Please check each box below to indicate you have read the acknowledgment statements.

- I hereby acknowledge that I have received, read, understand and will abide by the Standards of Ethics Conduct.
- I hereby acknowledge that I will be responsible for obtaining all future amendments thereto.
- I hereby acknowledge that this information is complete, true and accurate.

Signature: _____

Date: _____

Office Use Only:

Date/Time Stamp

Submit form to the Office of Internal Audit and Ethics
 738 Acquoni Road • P. 828-359-7030 • E. oia@ebci-nsn.gov
 Form may be submitted by email, hand delivery or interoffice mail.
 Attach additional pages if needed.