

EUROPEAN COMMISSION  
DIRECTORATE-GENERAL  
HUMAN RESOURCES AND SECURITY  
Directorate HR.B - HR Core Processes 1: Career  
**Ethics, Rights and Obligations**

Brussels, **20 MARS 2015**

Ms Vicky Cann  
CEO  
Rue d'Edinburg 26  
1050 Brussels  
By email: ask+request-1356-31b0a7b5@asktheeu.org

**Subject: Your application for access to documents – Ref GestDem No 2015/852**

Dear Ms Cann,

We refer to your e-mail dated 11 February 2015 in which you make a request for access to documents, registered on 12 February 2015. Your application concerns "*copies of the forms currently in use to assess a) conflicts of interest under article 11 and b) future professional activities under article 16 of the Staff Regulations.*" I have examined your request under the provisions of Regulation No 1049/2001 regarding public access to European Parliament, Council and Commission documents.

We have identified the following documents which fall under the articles of the Staff Regulations you refer to in your request:

- 1) Declaration of conflict of interest at recruitment (for managers and non-managers).
- 2) Declaration of conflict of interest upon reinstatement after leave on personal grounds (for managers and non-managers).
- 3) Gift or hospitality declaration.
- 4) Ad hoc conflict of interest declaration.
- 5) Declaration of intention to engage in an occupational activity after leaving the Commission.

As regards points 1), 2) and 5) copies of the forms are attached to this letter.

As regards points 3) and 4) requests are submitted electronically through the Commission's central electronic tool.

In order to introduce the declaration for the conflict of interest, the applicant has to reply to the following questions:

- *Describe the situation you are facing – in the performance of your duties – and in which you have, or could be perceived to have, personal interest in particular possible family and financial interests, such as to impair your independence.*
- *State the reasons why your independence may be impaired.*
- *If appropriate, propose measures to avoid this conflict of interest.*

In order to introduce the declaration for gift or hospitality, the applicant has to reply to following questions:

- *Source which offers the gift/hospitality.*
- *Nature of the source offering the gift/hospitality (private/public...).*
- *The motive behind offering the gift or hospitality.*
- *I have received the following (gift or hospitality).*
- *Describe the nature of the gift/hospitality.*
- *The value of the gift/offered hospitality should be estimated in good faith (EUR).*
- *Possible conflict of interest.*
- *Does the source have a financial and/or a contractual relationship with the Commission?*

*If yes, give details.*

- *Is there any direct and/or indirect link between the relation with the sources and your duties at the Commission?*

*If yes, give details.*

- *Intention of the applicant.*
- *Reason for acceptance/refusal (to be given by the applicant).*


In accordance with Article 7(2) of Regulation No 1049/2001, you are entitled to make a confirmatory application requesting the Commission to review this position.

Such a confirmatory application should be addressed within 15 working days upon receipt of this letter to the Secretary-General of the Commission at the following address:

European Commission  
Secretary-General  
Transparency unit SG-B-5  
BERL 5/327  
B-1049 Brussels

or by email to: [sg-acc-doc@ec.europa.eu](mailto:sg-acc-doc@ec.europa.eu)

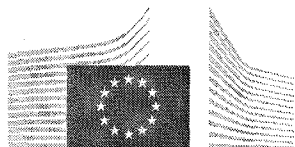
Yours faithfully,



Thinam JAKOB

Annexes:

- Declaration of conflict of interest at recruitment (for managers and non-managers),
- Declaration of conflict of interest upon reinstatement after leave on personal grounds (for managers and non-managers),
- Declaration of intention to engage in an occupational activity after leaving the Commission



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Please enter an answer  
in every section and  
write in capitals.

## FOR THE RECRUITMENT OF MANAGERS

### DECLARATION CONFLICT OF INTEREST BY CANDIDATES

(Articles 11 and 11a of the Staff Regulations and  
Articles 11 of the Conditions of Employment of Other Servants- CEOS)

*This questionnaire aims at allowing the Appointing Authority/Authority Empowered to Conclude Contracts of Employment to identify potential or actual conflicts of interest in relation to the specific position offered and the appropriate measures to be adopted, if any.*

*This questionnaire does not exempt candidates from complying with all the ethics obligations imposed on them upon recruitment.*

*Once this form has been finalised copy will be transmitted to Unit HR.B.1 for insertion in the personal file.*

*In case of potential conflict of interest copies will be also transmitted to Unit HR.A.2, to the HR Unit of the Directorate-General offering the position and to the candidate's immediate superior.*

#### THE POSITION OFFERED-

**TO BE FILLED IN BY HR.A.2**

Vacancy notice No: .....

Administrative status of the position offered: official/temporary agent<sup>1</sup>

Grade of the position offered:.....

DG, Directorate, unit: .....

Name of the immediate superior: .....

<sup>1</sup> Delete as appropriate.

PER.ID.:  
JOB NUMBER:  
NAME OF THE CANDIDATE:

**PART I**

**TO BE FILLED IN BY THE CANDIDATE AND TO BE RETURNED TO HR.A.2**

SURNAME/FIRST NAME: .....

Address for correspondence: .....

Home telephone number: .....

Work telephone number: .....

E-mail address: .....

If applicable, applicant number in any European Union competitions/selection procedures: .....

**ASSESSMENT BY THE CANDIDATE OF ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST**

*In your opinion, do you have any personal interest, in particular a family or financial interest, or do you represent any other interests of third parties which would actually or potentially impair your independence in the course of your duties **in the specific position offered** at the Commission and which may thus lead to any actual or potential conflict of interest relevant to that position?*

YES ☐ NO ☐

*If yes, please detail:*

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**Declaration**

I hereby certify that the information provided in this form is correct and complete and that my curriculum vitae is duly updated. I will immediately inform the Appointing Authority/ Authority Empowered to Conclude Contracts of Employment of any change in my situation, or of any new relevant information I may receive which could cause a breach of the Staff Regulations/CEOS. I am aware that any false declaration may result in the cancellation of the recruitment process or, after recruitment, in disciplinary sanctions.

Signature of the candidate:

Date: ..../..../....

PER.ID.:  
JOB NUMBER:  
NAME OF THE CANDIDATE:

## **FOR USE BY THE ADMINISTRATION ONLY**

### **PART II**

#### **OPINION OF THE SERVICE REQUESTING THE RECRUITMENT<sup>2</sup> BASED ON THIS FORM AND ON THE (UPDATED) CV PROVIDED BY THE CANDIDATE**

1. ☐ No identification of personal interest by the candidate and confirmed by the service requesting the recruitment
  - If the candidate **has not identified** any personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest and if you, as the service requesting the recruitment, confirm that opinion, **this form is considered as finalised and will not be assessed by the Appointing Authority/ Authority Empowered to Conclude Contracts of Employment.**
  
2. ☐ Identification of personal interest by the candidate, but no (risk of) conflict of interest identified by the service requesting the recruitment
  - If the candidate **has identified** any personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest, please explain why you, as the service requesting the recruitment, believe there is no (risk of a) conflict of interest.  
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3. ☐ (Potential) conflict of interest identified by the service requesting the recruitment
  - Describe the personal interests which would actually or potentially impair the candidate's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.  
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  - Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.  
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<sup>2</sup> The appropriate staff member(s) responsible for determining the opinion of the service requesting the recruitment shall be decided at the level of each Directorate-General.

PER.ID:  
 JOB NUMBER:  
 NAME OF THE CANDIDATE:

- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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### **CONCLUSION**

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SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .. / .. / .....

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE CANDIDATE:

### PART III

#### OPINION OF THE APPOINTING AUTHORITY/AUTHORITY EMPOWERED TO CONCLUDE CONTRACTS OF EMPLOYMENT (ONLY TO BE FILLED IN CASES OF II.2 OR II.3 ABOVE)

☐ (Potential) conflict of interest.

- Describe the personal interests which would actually or potentially impair the candidate's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.

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- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

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- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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☐ No (risk of a) conflict of interest

- If the service requesting the recruitment and/or the candidate has identified a (potential) conflict of interest, please explain why you, as AIPN/AHCC, believe there is no (risk of a) conflict of interest.

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### CONCLUSION

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SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE:

DATE: .. / .. / ..

PER.ID.:

JOB NUMBER:

NAME OF THE CANDIDATE:





EUROPEAN COMMISSION

Please enter an answer  
in every section and  
write in capitals.

## FOR THE RECRUITMENT OF NON- MANAGERS

### DECLARATION CONFLICT OF INTEREST BY CANDIDATES

(Articles 11 and 11a of the Staff Regulations and  
Articles 11 and 81 of the Conditions of Employment of Other Servants- CEOS)

*This questionnaire aims at allowing the Appointing Authority/Authority Empowered to Conclude Contracts of Employment to identify potential or actual conflict of interest in relation to the specific position offered and the appropriate measures to be adopted, if any.*

*This questionnaire does not exempt candidates from complying with all the ethics obligations imposed on them upon recruitment.*

*Once the Appointing Authority/Authority Empowered to Conclude Contracts of Employment has finalised this form, copy will be transmitted to Unit HR.B.1 for insertion in the personal file.*

*In case of potential conflict of interest copies will be also transmitted to Unit HR.B.2, to the HR Unit of the Directorate-General offering the position and to the candidate's direct manager.*

#### THE POSITION OFFERED-

**TO BE FILLED IN BY THE RECRUITING DIRECTORATE-GENERAL**

Vacancy notice No: .....

Administrative status of the position offered: official/temporary agent/contract agent<sup>1</sup>

Grade of the position offered: .....

DG, Directorate, unit: .....

Name of the immediate superior: .....

<sup>1</sup> Delete as appropriate.

PER.ID.:  
JOB NUMBER:  
NAME OF THE CANDIDATE:

**PART I**

**TO BE FILLED IN BY THE CANDIDATE AND SENT BACK TO THE RECRUITING DIRECTORATE-  
GENERAL**

SURNAME/FIRST NAME: .....  
 Address for correspondence: .....  
 Home telephone number: .....  
 Work telephone number: .....  
 E-mail address: .....  
 If applicable, applicant number in any European Union competitions/selection procedures:  
 .....

**ASSESSMENT BY THE CANDIDATE OF ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST**

*In your opinion, do you have any personal interest, in particular a family or financial interest, or do you represent any other interests of third parties, which would actually or potentially impair your independence in the course of your duties in the specific position offered at the Commission and which may thus lead to any actual or potential conflict of interest relevant to that position?*

YES ☐ NO ☐

*If yes, please detail:*

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**Declaration**

I hereby certify that the information provided in this form is correct and complete and that my curriculum vitae is duly updated. I will immediately inform the Appointing Authority/Authority Empowered to Conclude Contracts of Employment of any change in my situation, or of any new relevant information I may receive which could cause a breach of the Staff Regulations/CEOS. I am aware that any false declaration may result in the cancellation of the recruitment process or, after recruitment, in disciplinary sanctions.

Signature of the candidate:

Date: ..../..../....

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE CANDIDATE:

## **FOR USE BY THE ADMINISTRATION ONLY**

### **PART II**

#### **OPINION OF THE SERVICE REQUESTING THE RECRUITMENT<sup>2</sup> BASED ON THIS FORM AND ON THE (UPDATED) CV PROVIDED BY THE CANDIDATE**

1. ☐ No identification of personal interest by the candidate and confirmed by the service requesting the recruitment
  - If the candidate **has not identified** any personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest and if you, as the service requesting the recruitment, confirm that opinion, **this form is considered as finalised and will not be assessed by the Appointing Authority/ Authority Empowered to Conclude Contracts of Employment.**
  
2. ☐ Identification of personal interest by the candidate, but no (risk of) conflict of interest identified by the service requesting the recruitment
  - If the candidate **has identified** any personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest, please explain why you, as the service requesting the recruitment, believe there is no (risk of a) conflict of interest.  
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3. ☐ (Potential) conflict of interest identified by the service requesting the recruitment
  - Describe the personal interests which would actually or potentially impair the candidate's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.  
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  - Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.  
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<sup>2</sup> The appropriate staff member(s) responsible for determining the opinion of the service requesting the recruitment shall be decided at the level of each Directorate-General.

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE CANDIDATE:

- .....
- .....
- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.
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### **CONCLUSION**

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SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE:

DATE: .. / .. / .....

PER.ID.:  
JOB NUMBER:  
NAME OF THE CANDIDATE:

### PART III

#### OPINION OF THE APPOINTING AUTHORITY/AUTHORITY EMPOWERED TO CONCLUDE CONTRACTS OF EMPLOYMENT (ONLY TO BE FILLED IN CASES OF II.2 OR II.3 ABOVE)

☐ (Potential) conflict of interest.

- Describe the personal interests which would actually or potentially impair the candidate's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.

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- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

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- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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☐ No (risk of a) conflict of interest

- If the service requesting the recruitment and/or the candidate has identified a (potential) conflict of interest please explain why you, as AIPN/AHCC, believe there is no (risk of a) conflict of interest.

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#### **CONCLUSION**

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SURNAME/FIRST NAME: ..... POSITION: .....

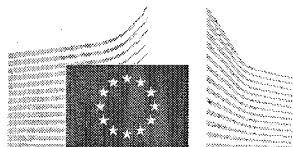
SIGNATURE:

DATE: .../.../....

PER.ID.:

JOB NUMBER:

NAME OF THE CANDIDATE:



EUROPEAN COMMISSION

Please enter an answer  
in every section and  
write in capitals

## FOR THE REINSTATEMENT OF MANAGERS

### DECLARATION

### CONFLICT OF INTEREST UPON REINSTATEMENT AFTER LEAVE ON PERSONAL GROUNDS<sup>1</sup>

(Articles 11, paragraph 4, and 40 of the Staff Regulations and Articles 11 and 17 of the Conditions of Employment of Other Servants- CEOS)

*This questionnaire aims at allowing the Appointing Authority/Authority Empowered to Conclude Contracts of Employment to identify potential or actual conflicts of interest in relation to the specific position offered for reinstatement at the European Commission and the appropriate measures to be adopted, if any. It does not relieve the staff member of his obligations under Article 11a of the Staff Regulations.*

*Once this form has been finalised copy will be transmitted to Unit HR.B.1 for insertion in the personal file. In case of potential conflict of interest copies will be also transmitted to Unit HR.A.2, to the HR Unit of the Directorate-General offering the position and to the staff member's direct manager.*

#### THE STAFF MEMBER BEING REINSTATED AND THE POSITION OFFERED

TO BE FILLED IN BY DG HR.A.2

SURNAME/FIRST NAME: .....

Personnel No: .....

Administrative status: official/temporary agent<sup>2</sup>

Grade: ...

Position identified for the reinstatement (job description sent with the reinstatement offer):

Position number: .....

Position title: .....

Unit: .....

Directorate-General or service: .....

Contact person in the HR Unit: .....

<sup>1</sup> This form must also be used when temporary agents who have been granted unpaid leave on compelling personal grounds pursuant to Article 17 of the Conditions of Employment of Other Servants return to the Commission.

<sup>2</sup> Delete as appropriate.

PER.ID.:

JOB NUMBER:

NAME OF THE STAFF MEMBER:

**PART I**

**TO BE FILLED IN BY THE STAFF MEMBER**

**AND RETURNED TO DG HR.A.2**

**ASSESSMENT BY THE STAFF MEMBER OF POTENTIAL OR ACTUAL CONFLICTS OF INTEREST**

*In your opinion, do you have any personal interest, in particular a family or financial interest, or do you represent any other interests of third parties which would actually or potentially impair your independence in the course of your duties **in the specific position offered** at the Commission and which may thus lead to any actual or potential conflict of interest relevant to that position?*

YES ☐ NO ☐

*If yes, please detail:*

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**Declaration**

I hereby certify that the information provided in this form and in my curriculum vitae is correct and updated. I will immediately inform the Appointing Authority/Authority Empowered to Conclude Contracts of Employment of any change in my situation, or of any new relevant information I may receive which could cause a breach of the Staff Regulations/CEOS. I am aware that any false declaration may result in disciplinary sanctions.

Signature of the staff member:

Date: . / . / . . . .

PER.ID.:  
JOB NUMBER:  
NAME OF THE STAFF MEMBER:

## FOR USE BY THE ADMINISTRATION ONLY

### PART II

#### OPINION OF THE DG/SERVICE OF REINSTATEMENT<sup>34</sup> BASED ON THIS FORM AND ON THE STAFF MEMBER'S UPDATED CURRICULUM VITAE

1. ☐ No identification of personal interest by the staff member and confirmed by the DG/service of reinstatement
  - If the staff member **has not identified** personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest and if you, as the DG/service of reinstatement, confirm that opinion, **this form is considered as finalised and will not be assessed by the Appointing Authority/Authority Empowered to Conclude Contracts of Employment.**
  
2. ☐ Identification of personal interest by the staff member, but no (risk of) conflict of interest identified by the DG/service of reinstatement
  - If the candidate **has identified** personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest, please explain why you, as the DG/service of reinstatement, believe there is no (risk of a) conflict of interest.  
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3. ☐ (Potential) conflict of interest identified by the DG/service of reinstatement
  - Describe the personal interests which would actually or potentially impair the staff member's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.  
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<sup>3</sup> The appropriate staff member(s) responsible for determining the opinion of the DG/service of reinstatement shall be decided at the level of each Directorate- General

<sup>4</sup> For the reinstatement of officials in senior management positions (except at OLAF), the opinion of DG HR is also required (AA = Commissioner responsible for Human resources).

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE STAFF MEMBER:



- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

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- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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## **CONCLUSION**

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SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE:

DATE: .. / .. / ..

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE STAFF MEMBER:

### **PART III**

#### **OPINION OF THE APPOINTING AUTHORITY<sup>5</sup>/AUTHORITY EMPOWERED TO CONCLUDE CONTRACTS OF EMPLOYMENT (ONLY TO BE FILLED IN CASES OF II.2 OR II.3 ABOVE)**

☐ (Potential) conflict of interest.

- Describe the personal interests which would actually or potentially impair the staff member's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.

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- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

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- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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☐ No (risk of a) conflict of interest

- If the DG/service of reinstatement and/or the staff member has identified a (potential) conflict of interest, please explain why you, as AIPN/AHCC, believe there is no (risk of a) conflict of interest.

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### **CONCLUSION**

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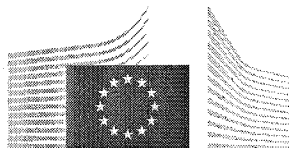
SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE: \_\_\_\_\_

DATE: .../.../....

<sup>5</sup> For the reinstatement of *officials* in management positions at OLAF, the Appointing Authority seeks OLAF's agreement.

PER.ID.:  
JOB NUMBER:  
NAME OF THE STAFF MEMBER:



EUROPEAN COMMISSION

Please enter an answer  
in every section and  
write in capitals

## FOR THE REINSTATEMENT OF NON- MANAGERS

### DECLARATION CONFLICT OF INTEREST UPON REINSTATEMENT FROM LEAVE ON PERSONAL GROUNDS<sup>1</sup>

(Articles 11, paragraph 4, and 40 of the Staff Regulations and Articles 11, 17 and 91 of the Conditions of Employment of Other Servants- CEOS)

*This questionnaire aims at allowing the Appointing Authority/Authority Empowered to Conclude Contracts of Employment to identify potential or actual conflicts of interest in relation to the specific position offered at the European Commission and the appropriate measures to be adopted, if any. It does not relieve the staff member of his obligations under Article 11a of the Staff Regulations.*

*Once the Appointing Authority has finalised this form, copy will be transmitted to Unit HR.B.1 for insertion in the personal file. In case of potential conflict of interest copies will be also transmitted to Unit HR.B.4, to the HR Unit of the Directorate-General offering the position and to the staff member's direct manager.*

#### **THE STAFF MEMBER BEING REINSTATED AND THE POSITION OFFERED**

**TO BE FILLED IN BY DG HR.B.4 OR BY THE HR UNIT OF THE DG OF REINSTATEMENT**

SURNAME/FIRST NAME: .....

Personnel No: .....

Administrative status: official/temporary agent/contract agent<sup>2</sup>

Function group and grade: ...

Position identified for the reinstatement (job description sent with the reinstatement offer):

Position number: .....

Position title: .....

Unit: .....

<sup>1</sup> This form must also be used when temporary or contract agents who have been granted unpaid leave on compelling personal grounds pursuant to Article 17 and 91 of the Conditions of Employment of Other Servants return to the Commission.

<sup>2</sup> Delete as appropriate.

PER.ID.:  
JOB NUMBER:  
NAME OF THE STAFF MEMBER:

**PART I**

**TO BE FILLED IN BY THE STAFF MEMBER**

**TO BE RETURNED TO DG HR.B.4**

**ASSESSMENT BY THE STAFF MEMBER OF POTENTIAL OR ACTUAL CONFLICTS OF INTEREST**

*In your opinion, do you have any personal interest, in particular a family or financial interest, or do you represent any other interests of third parties which would actually or potentially impair your independence in the course of your duties **in the specific position offered** at the Commission and which may thus lead to any actual or potential conflict of interest relevant to that position?*

YES ☐ NO ☐

*If yes, please detail:*

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**Declaration**

I hereby certify that the information provided in this form and in my curriculum vitae is correct and updated. I will immediately inform the Appointing Authority/ Authority Empowered to Conclude Contracts of Employment of any change in my situation, or of any new relevant information I may receive which could cause a breach of the Staff Regulations/CEOS. I am aware that any false declaration may result in disciplinary sanctions.

Signature of the staff member:

Date: . /. . / . . . .

PER.ID.:  
JOB NUMBER:  
NAME OF THE STAFF MEMBER:

## FOR USE BY THE ADMINISTRATION ONLY

### PART II

**OPINION OF THE DG/SERVICE OF REINSTATEMENT<sup>3</sup> BASED ON THIS FORM AND ON THE STAFF MEMBER'S UPDATED CURRICULUM VITAE**

1. ☐ No identification of personal interest by the staff member and confirmed by the service of reinstatement
  - If the staff member **has not identified** personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest and if you, as the service of reinstatement, confirm that opinion, **this form is considered as finalised and will not be assessed by the Appointing Authority/Authority Empowered to Conclude Contracts of Employment.**
  
2. ☐ Identification of personal interest by the staff member, but no (risk of) conflict of interest identified by the service of reinstatement
  - If the staff member **has identified any** personal interest, in particular a family or financial interest, or representation of any other interests of third parties which may, in his view, lead to an actual or potential conflict of interest, please explain below why you, as the service of reinstatement, believe there is no (risk of a) conflict of interest.  
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3. ☐ (Potential) conflict of interest identified by the service of reinstatement
  - Describe the personal interests which would actually or potentially impair the staff member's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.  
 .....  
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<sup>3</sup> The appropriate staff member(s) responsible for determining the opinion of the service of reinstatement shall be decided at each DG level.

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE STAFF MEMBER:

- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

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- Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

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### **CONCLUSION**

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SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE:

DATE: .../.../....

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE STAFF MEMBER:

### **PART III**

#### **OPINION OF THE APPOINTING AUTHORITY/AUTHORITY EMPOWERED TO CONCLUDE CONTRACTS OF EMPLOYMENT<sup>4</sup> (ONLY TO BE FILLED IN CASES OF II.2 OR II.3 ABOVE)**

☐ (Potential) conflict of interest.

- Describe the personal interests which would actually or potentially impair the staff member's independence in carrying out his duties in the specific position offered or any other circumstance which actually or potentially constitutes a conflict of interest with respect to the proposed position.

.....  
 .....  
 .....

- Describe measures which could be taken to mitigate the negative effects of the actual or potential conflict of interest.

.....  
 .....  
 .....

Explain how the measures proposed are proportionate to the scope of the actual or potential conflict of interest.

.....  
 .....  
 .....

☐ No (risk of a) conflict of interest

- If the service of reinstatement and/or the staff member has identified a (potential) conflict of interest, please explain why you, as AIPN/AHCC, believe there is no (risk of a) conflict of interest.

.....  
 .....  
 .....

### **CONCLUSION**

.....  
 .....  
 .....

SURNAME/FIRST NAME: ..... POSITION: .....

SIGNATURE: \_\_\_\_\_

DATE: .. / .. / ..

<sup>4</sup> For the reinstatement of officials at OLAF, the Appointing Authority seeks the agreement of OLAF.

PER.ID.:  
 JOB NUMBER:  
 NAME OF THE STAFF MEMBER:



**EUROPEAN COMMISSION**  
DIRECTORATE-GENERAL  
HUMAN RESOURCES AND SECURITY  
Directorate HR.B - HR Core Processes 1: Career  
Ethics, Rights and Obligations

Please complete in capitals and return to  
HR.B.1:

HR-B1-ETHIQUE@ec.europa.eu

European Commission  
SC11 03/34  
B - 1049 Brussels

**Declaration of intention to engage in an occupational activity**  
**after leaving the Commission**  
**Article 16 of the Staff Regulations**

**The former official or other servant**

Name and first name: .....  
Personnel No..... Function Group/grade/step: .....  
Position (Director General, Director, Head of Unit, etc.): .....  
Date of leaving the Commission: .....  
Address: .....  
Telephone: ..... Fax: .....  
Email : .....

Are you receiving or will you receive any pecuniary benefit from the Commission  
after leaving? If so, of what sort? <sup>1</sup>

.....  
Describe your work during the last three years of service? State the DG(s). .....  
.....  
.....  
.....  
.....

**New activity**

Name of the body: .....  
Address: .....  
Telephone: ..... Fax: .....  
Email: .....  
Nature of its activities: .....  
.....

Does this body receive funding from the European Commission?

.....  
.....  
.....

<sup>1</sup> If you receive an invalidity allowance, a form relating to Art.13 (2), Annex VIII of the staff regulations concerning the details on the activity after leaving the service will be provided to you.



Precise description of the work:

.....  
.....  
.....  
.....

Expected duration of the work: .....

Expected starting date of the work: .....

Position in the body: .....

Will you be an employee in the body? .....

a shareholder in the body? .....

self-employed? .....

Will you receive remuneration or other pecuniary advantages? If so, please specify .....

Does the body for which you wish to work have direct or indirect commercial, financial or contractual links (including grants) with a European Union institution (in particular the Commission) or body? If so, please specify:.....

.....  
.....  
.....

During your work at the Commission, did you have any direct or indirect relations with the body for which you wish to work<sup>2</sup>? If so, please specify: .....

.....  
.....  
.....  
.....

Will your new activity have direct or indirect links with:

- your former service? .....

- other Commission services? .....

If so, please specify: .....

.....  
.....  
.....  
.....

Other relevant information: .....

.....  
.....

(Place): ..... (date):.....

Signature: .....

You may attach any document you consider will demonstrate that your new activities or duties are compatible with those you exercised at the Commission.
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<sup>2</sup> State in particular whether you were engaged in preparing financial and/or contractual relations.