**General Declaration of Conflict of Interest**

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| Data of the declarant |
| Name: |  |
| ID number: |  |
| Name of the Legal Representative for legal entities: |  |
| ID of the Legal Representative for legal entities: |  |
| Details of the projects |
| Name: |  |
| ID of the project: |  |
| Location (city, department, country): |  |
| Description project: |  |
| General declaration of conflict of interest |
| By signing this document, as signatory, I hereby declare and warrant that I do not find myself in any conflict of interest situation considered below:* I am not an employee of the project holder, nor have I been employed by the organisation in the last 2 years.
* I have not had any contractual or employment relationship under the modality of provision of professional services or consultancy with the project holder in the last 2 years.
* I am not related to any official, representative, or delegate of the project holder (of grade P-4 or higher), as well as to any other person directly involved in the execution, assessment, or direct supervision of the project.
* I have not been favoured economically, occupationally, or academically by the project holder; this includes obtaining in-kind or monetary subsidies, scholarships, awards, prizes, gifts, or any type of good that is represented in monetary values or that benefits the person in any way.
* The project validation and verification exercise, or any activity related to it, has the objectives of validating the change between the baseline scenario and the project scenario, as well as verifying that the reduction or recirculation achieved by the project was generated in accordance with the selected methodology and the criteria defined in the programme's protocol, and in no way is this exercise focused on favouring the project holder, myself, the organisation I represent or am part of, or any third party.
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| Signatures |
| For the record of the provisions of this declaration, it is subscribed by the parties identified at the beginning of this document and in their respective capacities, in the city and on the date appearing opposite their respective signatures. |
| **Declarant** |
|  |
| City |  | Date | DD | MM | YY |

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