ONTOLY

Conflict of Interest Disclosure Form

BERS Program | Pursuant to Conflict of Interest Policy v1.0 (Sections 6.1–6.4)

Part A: Covered Person Information

Full name	
Title / Position	
Organization	Ontoly / BERS Program
Email	
Date of appointment / engagement	

Covered Person category (check all that apply):

☐ Ontoly employee, officer, or director (Policy Section 2.1.1(a))

☐ BERS Independent Governance Board member (Policy Section 2.1.1(b))

☐ Scientific Advisory Board (SAB) or advisory committee member (Policy Section 2.1.1(c))

☐ Contracted Verification Body personnel (Policy Section 2.1.1(d))

☐ External consultant to the BERS Program (Policy Section 2.1.1(e))

☐ Other individual with BERS decision-making authority (Policy Section 2.1.1(f))

Part B: Disclosure Type

Check the type of disclosure this form represents:

☐ Initial Disclosure — within 30 days of appointment/engagement (Policy Section 6.1)

☐ Ongoing Disclosure — new or materially changed conflict within 14 days of discovery (Policy Section 6.2)

☐ Annual Certification — annual declaration within 30 days of calendar year commencement (Policy Section 6.3)

Part C: Financial Interests

Disclose all Financial Interests as defined in Policy Section 3.3, including equity ownership, debt instruments, partnership interests, compensation, intellectual property, or other material stakes in any BERS Programme Participant, Verification Body, BERU buyer, or Related Organization (Section 3.5). *If none, write "None."*

Entity / Organization	Nature of Interest	Approximate Value	Relationship to BERS

Part D: Close Relations with BERS Connections

Disclose any Close Relations (as defined in Policy Section 3.2 — spouse, domestic partner, children, parents, siblings, grandparents, grandchildren) who are engaged in activities that could create a conflict with the BERS Program. This includes Close Relations employed by or holding financial interests in BERS Programme Participants, Verification Bodies, or Related Organizations. *If none, write "None."*

Name of Close Relation	Relationship	Organization / Entity	Nature of Their Involvement

Part E: Outside Positions and Affiliations

List any outside employment, board memberships, consulting arrangements, or advisory roles that could create an actual, potential, or perceived conflict with your BERS Program responsibilities (Policy Section 5.6). *If none, write "None."*

Organization	Position / Role	Nature of Work	Compensation?

Part F: Gifts and Benefits Received

Disclose any gifts, gratuities, benefits, or other consideration of value received from any Programme Participant, Verification Body, or BERS stakeholder during the disclosure period. Per Policy Section 5.3, the threshold is CAD $150 / USD $100 per calendar year per source. *If none, write "None."*

Source	Description	Approximate Value	Date Received

Part G: Additional Disclosures

Describe any other actual, potential, or perceived conflicts of interest not captured above. Per Policy Section 4.1, when in doubt, disclose.

Part H: Acknowledgment and Certification

By signing below, I certify and acknowledge the following:

☐ I have read, understand, and agree to comply with the Ontoly Conflict of Interest Policy (v1.0, effective March 11, 2026) in its entirety.

☐ The information provided in this Disclosure Form is true, complete, and accurate to the best of my knowledge.

☐ I understand that I must disclose any new or materially changed conflict within 14 calendar days of discovery (Policy Section 6.2).

☐ I understand that failure to disclose a known conflict, with intent to deceive or reckless disregard, constitutes a material breach of the Policy and may result in sanctions including removal (Policy Sections 4.1, 10.1).

☐ I understand that my obligations under the Policy continue for 24 months following my departure from the BERS Program (Policy Section 2.3).

☐ I understand that gifts exceeding CAD $150 / USD $100 per calendar year from any Programme Participant or Verification Body are prohibited (Policy Section 5.3).

☐ I consent to the Compliance Officer maintaining this disclosure in the confidential Conflict of Interest Register (Policy Section 6.5).

Signature	Date

Printed Name	Title / Position

For Compliance Officer Use Only

Date received	
Risk classification	Low / Medium / High / Critical (Policy Section 7.2)
Management measures	Monitoring / Restriction / Recusal / Divestiture / Removal (Policy Section 7.3)
Reviewed by	
Date reviewed	
Notes	

Compliance Officer Signature	Date

Form version: v1.0 — Aligned with Conflict of Interest Policy v1.0 (March 11, 2026)