

Medicines Patent Pool Foundation
CONFLICT OF INTEREST DISCLOSURE FORM

The Medicines Patent Pool Foundation (the “Foundation”) follows a conflict of interest policy designed to foster confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of any Board member, member of the Expert Advisory Group and Employees (hereinafter referred to as “Covered Members”).

Candour, trust and integrity are fundamental values of the Foundation which must be respected. The Foundation shall be managed with diligence and care. It is expected that Covered Members will conduct their relationships with each other and with the Foundation with candour, and integrity and loyalty. They all have the duty to avoid business, financial or other indirect interests or relationships which conflict with the interests of the Foundation or which divide his or her loyalty to the Foundation.

Therefore, it is the obligation for all Covered Members to declare any situation in which a Covered Member’s own financial or personal interest or those of his/her Related Person might conflict or even appear to conflict with those of MPP and would or could influence his/her ability to act exclusively in the interest of MPP in her/his decision or advise.

Hold office/position is defined, in line with the Conflict of Interest Policy, as any personal interest or relationship which conflicts with the interest of the MPP or which divide loyalty of the Covered Member to the MPP (see extract below).

Financial interest is defined, in line with the Conflict of Interest Policy, as any compensation, ownership or other financial interest which conflict with the interest of the MPP or which divide the loyalty of the Covered Member to the MPP.

Related Person, as defined in the Conflict of Interest Policy, shall mean: (i) Spouses, registered partners or domestic partners of a Covered Member; (ii) children of minor age (under 18 years old) of a Covered Member; and (iii) any dependent adult family member living in the same household as a Covered Member.

A “conflict of interest,” for purposes of this Form, arises when a Covered Member or Related Person (to their best knowledge)

- a. is a party or potential party to, or has a professional interest in, a transaction, arrangement or collaboration with the Foundation;
- b. is a party or potential party, including as a collaborator, to any proposal for support submitted to the Foundation;
- c. has a compensation, ownership or other financial interest in an entity, or is an officer, director, active participant in or an employee of an entity with which the Foundation has or is negotiating a transaction or arrangement;
- d. has a compensation, ownership or other financial interest in an entity, or is an officer, director, active participant or an employee of an entity that has a potential for gain or loss as a direct result of the Foundation’s action on a particular matter; or
- e. may receive a financial or other material benefit from knowledge or confidential information acquired as a result of his relationship with the Foundation.

This list is not exhaustive. Even if a particular situation is not expressly mentioned, the Covered Member shall disclose all situations which may result in a conflict of interest.

(Please, fill in and sign the form and send it to the Compliance Officer)

Personal Information

Name:

Position:

As: Employee Board member EAG member

Negative disclosure

I declare that to the best of my knowledge and belief neither I nor a Related Person have any financial interests or hold any office/position which might conflict, or be perceived to conflict, with my duty to act in the best interest of the MPP.

Positive disclosure

I declare interests below for consideration. I certify that the information included is, to the best of my knowledge and belief, accurate and complete.

Hold office/position (definition see page 1)¹

Company/Organization _____

Address _____

Position _____

Beginning of the activity _____

I personally
 Related Person _____

Financial interest (definition see page 1)²

Company _____

Address _____

Type and size of participation _____

I personally
 Related Person _____

Should there be any change to the above information due to the fact that I acquire additional interests, I will notify the Compliance Officer and complete a new declaration of interests detailing the changes within five working days of the knowledge of acquiring such additional interests.

I hereby: (i) declare that I have read and understood the Conflict of Interest, Private Investments and Gifts Policies, (ii) declare that the disclosed information is true and complete to the best of my knowledge, and (iii) consent to the public disclosure of any relevant conflict in accordance to the Conflict of Interest Policy.

Signature

Date

¹ Extra entries, if needed, in page 3.

² Extra entries, if needed, in page 4.

Hold office/other position

Company/Organization _____

Address _____

Position _____

Beginning of the activity _____

I personally

Related Person _____

Hold office/other position

Company/Organization _____

Address _____

Position _____

Beginning of the activity _____

I personally

Related Person _____

Hold office/other position

Company/Organization _____

Address _____

Position _____

Beginning of the activity _____

I personally

Related Person _____

Financial interest

Company _____

Address _____

Type and size of participation _____

I personally

Related Person _____

Financial interest

Company _____

Address _____

Type and size of participation _____

I personally

Related Person _____

Financial interest

Company _____

Address _____

Type and size of participation _____

I personally

Related Person _____

Company (Name, registered address) _____

Financial interest

Company _____

Address _____

Type and size of participation _____

I personally

Related Person _____