



GPSC's Conflict of Interest Disclosure Form

The Global Power Synergy Public Company Limited's regulations and principles of Good Corporate Governance instruct personnel of all levels to carry out their duties to the highest standards. Personnel of all levels must disclose any transactions which represent a conflict of interest with GPSC.

This report is classified as (Please indicate **X** in ☐)

☐ **First Report** ☐ **Annual Report** ☐ **Incident Report**

I have read the GPSC Corporate Governance, Ethical Standards, and Code of Conduct Manual. I fully understand the information in this disclosure form and will strictly follow. I acknowledge that violation or non-compliance with this code shall be subject to disciplinary actions, based on the degree of potential impacts.

Therefore, I hereby would like to report as follows:

Information of relatives working at GPSC and GPSC associates

(Please fill in current information. If more than one, please attach additional documents)

Name (Mr./Mrs./Miss).....Surname.....Relationship.....

Employee ID.....Division/Department.....Company.....

(Please indicate X in ☐ and provide necessary additional information (if any))

☐ I do **not** have any interests that might cause a conflict of interest with GPSC.

☐ I **have** an interest or interests that might cause a conflict of interest with GPSC, with the following details:

☐ There are disputes that may affect the performance of duties.

☐ There are transactions with general agreements between GPSC or GPSC associates and

☐ Myself, under my own name

☐ Myself, under other names (please specify).....

☐ My relatives or my agent

Name (Mr./Mrs./Miss).....Surname.....

Relationship.....

(Relatives refer to spouse, father, mother, children)

Details of interest(s) that might cause a conflict of interest with GPSC
(Please attach additional documents (if any))
.....
.....
.....

Corrective actions taken (if any)
.....
.....

Signature : _____
(_____)
Employee ID : _____ Division/Department _____
Position : _____
Date : _____ / _____ / _____

Supervisor’s opinion* :

☐ Acknowledged ☐ Others

Signature : _____
(_____)
Position : _____
Date : _____ / _____ / _____

Senior Vice President Company Secretary and Corporate Governance's opinion :

☐ Acknowledged ☐ Others

Signature : _____
(_____)
Position : _____
Date : _____ / _____ / _____

Remarks* :

* For employees above division level, the authorized supervisor is the Vice President/Senior Vice President
* For employees below department level with no affiliations, the authorized supervisor is 1 rank higher than the Senior Vice President.
* For Senior Vice President, authorized personnel is the Executive Vice President or a supervisor 1 level higher in rank.
(If you have any inquiries, please contact extensions 4743, 5333)

