**Conflict of Interest and Recusal Disclosure Form for the Utilization of NCHU R&D Outcomes**

|  |
| --- |
| Project name:  |
| Name |  | Title |  | Affiliation |  |
| Project type | □ License □ Transfer of ownership □ Other, please specify: |
| Company name |  | Uniform business number |  |

Regulatory basis:

1. This disclosure form was prepared in accordance with the NCHU *Principles for Recusal and Conflicts of Interest Regarding the Management and Utilization of Research and Development Outcomes* (“the Principles”).

2. “The term ‘monetary interest’ used [in the Principles] shall include… movable assets, immovable assets, cash, bank deposits, foreign currencies, negotiable securities, bonds, or other monetary rights or interests with an economic value or obtained through monetary transactions.” (Article 4)

3. “R&D outcome inventors/creators shall actively disclose any … conflicts of interest in a licensing or technology transfer project with the target for-profit entity (including any promised benefits or preferential treatments to change hands following the conclusion of the licensing or technology transfer project).” (Article 6)

**Pursuant to the NCHU *Principles for Recusal and Conflicts of Interest Regarding the Management and Utilization of Research and Development Outcomes*, I hereby make the following disclosure pertaining to conflicts of interest in the technology transfer project indicated above:**

1. I myself or a related party am/is a recipient of monetary interest from the project or a shareholder of the company.
2. □ Yes (Please check one of the boxes below)

□ I myself or my spouse or minor child have/has received more than NT$150,000 combined in monetary interest from the company in the previous one-year period.

□ I myself or my spouse or minor child am/is a shareholder of the company with an equity ratio of 5% or more.

1. □ No
2. I myself or my spouse, child, grandchild, parent, grandparent, or sibling am/is a representative, director, supervisor, or manager of the company.
3. □ Yes (Please check one of the boxes below)

□ I serve as a \_\_\_\_\_\_\_\_\_\_\_\_ (position) at the company.

□ My \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (spouse, child, etc.), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), serves as a \_\_\_\_\_\_\_\_\_\_\_\_ (position) at the company.

1. □ No.

**I acknowledge that the Intellectual Property and Technology Transfer Division requires related personnel to actively disclose any conflicts of interest in a licensing or technology transfer project between the target for-profit entity and themselves or persons related to them, and that the requirement extends to any promised benefits or preferential treatment to change hands following the conclusion of the licensing or technology transfer project. I hereby certify that the information provided herein is complete and accurate to the best of my knowledge, and I agree to bear full legal liability for any concealed information or misrepresentation.**

Signatory: (Please sign personally)

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/YY/DDDD)