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

Project name:

2) □ No.

1 roject name.						
Name	,	Title		Affiliation		
Project type	☐ License ☐ Transfer of ownership ☐ Other, please specify:					
Company name				Uniform business number		
2. "The term 'mon bank deposits, for economic value 3. "R&D outcome transfer project."	danagement and Utilizate tary interest' used [in the preign currencies, negot or obtained through mo inventors/creators shall with the target for-profit	tion of R he Princ he iable seconetary to actively t entity (e with the NCHU Principles for Research and Development Outciples] shall include movable curities, bonds, or other monetal ransactions." (Article 4) of disclose any conflicts of int including any promised benefits censing or technology transfer p	comes ("the Princassets, immovabry rights or intererest in a licensis or preferential	ciples"). ble assets, cash, rests with an ing or technology treatments to	
Regarding the Outcomes, I h	e Management and the Management and the make the	nd Ut	for Recusal and Confl ilization of Research a wing disclosure perta project indicated abo	and Develop ining to co	oment	
shareholder 1) □ Yes □ I n co □ I n	of the company. s (Please check one hyself or my spouse ombined in monetar	of the learning of the learnin	ipient of monetary interest boxes below) nor child have/has received est from the company in th nor child am/is a sharehold	I more than N	T\$150,000 ne-year period.	
representati 1) □ Yes	ive, director, supervise (Please check one erve as a	isor, or of the l (r _ (spou	position) at the company. se, child, etc.),	-	s a me), serves as a	

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:	ory:		(Please sign personally		
Date:	_/	/	(MM/YY/DDDD)		

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^{*} Data collected from this form must be used strictly in accordance with the University's technology transfer guidelines. This form shall be kept on file for a period of 30 years and then destroyed. Applicants who wish to review their personal data, request a copy, or make corrections shall contact the University's Academia-Industry Collaboration Center.

^{*} nchuipm_form1: NCHU R&D Outcome Technical Information Sheet (effective Aug. 31, 2022)