



## Local Verifier Conflict of Interest Declaration Form

### Section A

Have you in the last five years had any associations with the university in this assessment (e.g., non-AUN-QA Assessment, other training, consultation)? If No, please move to Section B. If Yes, please fill in below:

Date	Description of Association	Remuneration, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Section B

I declare that the above details are correct to the best of my knowledge and I have no conflict of interest with this university. I also have reviewed roles and responsibilities as set out in *section 2.4 - Local Verifier* stated in the *How to organize online/remote site visit in the AUN-QA Programme Assessment (June 2020)* and agree to fulfil the requirements as set out in the same section 2.4.

Name of Local Verifier: \_\_\_\_\_

Name of Affiliated Organization/ Institution: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_