

CLARIN-NL Conflict of Interest and Confidentiality Declaration

**Commission:** Board/IAP/NAP/EB

I, the undersigned, confirm that I have read, understood and accepted the Code of Conduct for members of CLARIN-NL commissions related to the performance of the assessment tasks.

I declare that I do not have a direct or indirect link with any of the projects I am requested to assess

I declare that my participation in the assessment of the following project(s) could create a conflict of interest

Acronym	Title	Main Applicant

In particular, I undertake to inform the CLARIN-NL Office staff immediately if I discover any conflict of interest, direct or indirect, with any proposal that I am asked to evaluate or which is the subject of discussion in any evaluation meeting at which I am present.

I also declare that I will not reveal any detail of the assessment process and its outcomes or of any project submitted for assessment without the express written approval of the CLARIN-NL office. I understand that I will be held personally responsible for maintaining the confidentiality of any documents or electronic files sent and for returning, erasing or destroying all confidential documents or files upon completing the assessment, unless otherwise instructed.

Name .....

Date.....

Signature.....