Sworn statement

Name of the organisation:

| 1. F | Please provide the name | es of kev senior | personnel and foun | ders of the | organisation |
|------|-------------------------|------------------|--------------------|-------------|--------------|
|------|-------------------------|------------------|--------------------|-------------|--------------|

| The date provide the names of key serior personner and rounders of the organisation | | | | | | |
|---|---|--|--|--|--|--|
| Role | Name | | | | | |
| Director / Chairperson | | | | | | |
| Founders | | | | | | |
| Other Directors / Trustees | | | | | | |
| Executive Director/ Administrator | | | | | | |
| Chief Financial Officer | | | | | | |
| Effective Beneficiary | | | | | | |
| dignified and fair/equal treatment of all as race, colour, sex, language, religion, other status? Yes No If no, please provide details: 3. Do any of your employees en members current or former officials, or department) or political party? Failure to disclose any political affiliation termination of the grant agreement. Ho connected to the project or organization be assessed individually. Appropriate me | beneficiaries/project participants, without distinction of any kind, such political or other opinion, national or social origin, property, birth or agage in political activity in any form (what?)? Are any of your staff close relatives of current officials in any government (at what level or nor association relevant to the project or organization may result in the wever, the disclosure of such an affiliation or association by individuals a shall not alone constitute grounds for disqualification. Each case shall easures shall be implemented to ensure transparency, impartiality, and so, the donor's requirements, and the grant contract's provisions. | | | | | |
| convicted for any criminal act or miscon (terrorism/ fraud/ corruption/ bribe, se offences or misconduct)? □Yes □No | ey person listed above ever been investigated, charged, indicted or iduct against vulnerable children and/ or adults or against another staff xual abuse or harassment, child abuse, mobbing or any other criminal | | | | | |
| If yes, please provide details: | | | | | | |
| | igations/investigations/reputational damaging press coverage related terson listed above or expected to be a part of the project? | | | | | |

| If yes, please provide deta | ails: | |
|---|--|--|
| | n any major financial irre ties or others and measure | egularities reported by external auditors, internal auditor, is taken? |
| If yes, please provide deta | ails: | |
| 7. Do you confirm international or national? ☐Yes ☐No | <u> </u> | any key person listed above are not in any sanction list, |
| If no, please provide deta | ils: | |
| • | , , | key person listed above is not engaged in the promotion of any nisation are not used for the promotion of any religion? |
| If no, please provide deta | ils: | |
| 9. Does any key pers that may result in a potent ☐Yes ☐No | • | amily member and/or acquaintance) to PIN employees and staff |
| If yes, please provide deta | ails: | |
| Protection Regulation fo legislation and donors' r | r the purpose of PIN com | e collected and processed in accordance with General Data appliance with obligations as per AML Act as well as other archived for 10 years after the termination of particular relationship as applicable. |
| NGOs/donors upon their | request if these INGOs/d | received from the organisation with other international donors are considering the organisation for partnership /todonors, PIN will notify the organisation about it. |
| | pretation of the facts may | n provided above is true and I am aware that any false y lead to immediate termination of cooperation, including |
| Approved by | Name | Signature |
| | Title | Date |