

DECLARATION OF A CONFLICT OF INTEREST FORM

The Policy on Conflict of Interest describes the duty of employees in respect of their responsibility to disclose in writing the nature of the interest and the conflict or potential conflict. Prevention of a conflict of interest, whether actual, potential or perceived, accords with the Company's Code of Conduct. This form is to be completed by any F2 Logistics employee who has real, perceived, or potential conflict of interest undertaking their duties and obligations.

Employee Name: _____

Position Title: _____

SBU/Location: _____

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I have no conflict of interest to report.

☐

I have the following conflict of interest to report. (Please specify other non profit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believed could contribute to a conflict of interest:

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|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

I hereby agree to:

- update this disclosure throughout the period of my employment with F2 Logistics on an annual basis or until such time as the conflict ceases to exist;
- cooperate in the formulation of a 'conflict of management' as required; and
- comply with any conditions and restrictions imposed by F2 Logistics to manage, mitigate or eliminate any actual, potential or perceived conflict of interest.

Signature: _____

Date: _____