Conflict of Interest Disclosure Form

*In accordance with Luxembourg law, each stakeholder must disclose the existence of any direct or indirect interest (financial, personal, or otherwise) in any actual or potential transaction related to Impact Finance Accelerator Luxembourg ASBL (the "**Association**") and/or Accelerating Impact Finance Luxembourg SARL SIS (the "**Company**"), jointly referred to as the "**Initiative**".*

To aid the disclosure and serve as documentation, each individual shall complete this conflict of interest disclosure form at least annually, and more often as needed. For the purpose of these disclosures, "interest" is a very broad term that includes anything or any connection which could potentially divert an individual's mind from giving sole consideration to promoting the success of the Initiative.

1 Personal Details

Name: _____

Title: _____

Entity: _____

2 Mandates

For the purposes of determining possible conflicts of interest, please specify other non-profit and for-profit boards on which you or a Family Member[1] sit, and any for-profit business in which you or a Family Member is an officer, director, or majority shareholder.

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[1] For the purpose of this form, "**Family Member**" is defined as "a spouse, registered partner, or other life companion, foster child, relative by blood, marriage or partnership up to the first degree and/or any other person with whom you have a material family or personal relationship."

3 DISCLOSURE

Please certify below that you have either nothing to report, or describe below anything that you believe could rise to an actual or potential conflict of interest under Luxembourg law and in line with the Initiative's General Code of Conduct.

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4 SIGNATURE

I hereby certify that the information set forth above is true and complete to the best of my ability.

Signature: _____
Name:
Title: