KWANMUKAN FOUNDATION

Annual Disclosure Form for Members of the Managing Board, Officers and Key Employees¹

Please Complete, Sign, and Return

"Foundation") Code of Ethics. Your responses below should cover the period from (or the date you first became associated with the Foundation, if after the date).
Please note that the provisions of the Code are broader than the disclosures set forth below an providing the information requested does not address all of the situations in which a conflict of interest may exist. You should refer to the Code in order to determine, from time to time, whether other situations that may arise constitute potential conflicts of interest that should be brought to the attention of the Foundation through disclosure to the Director.
I. Name, Address and Confirmation of Position(s) with the Foundation
Your Name:
Home Address:
Business Address:
Preferred Telephone Number: List the positions you hold at the Foundation (<i>e.g.</i> , trustee, officer, key employee)
List the positions you hold at the Foundation (e.g., trustee, officer, key employee)

Before completing this questionnaire, you should read the Kwanmukan Foundation (the

In order to assist the Foundation in identifying conflicts of interest and then following appropriate procedures, members of the Managing Board, officers and key employees should annually disclose to the Foundation: (i) charitable organizations of which they are a director, trustee or officer, (ii)

Management Positions and Controlled Entities

II.

This form should be completed by all current trustees, officers and any employee who exercises the functions of the chief execute officer, chief operating officer or the chief financial officer and anyone who was a trustee, officer or chief executive officer, chief operating officer or chief financial officer in the last 5 years.

business organizations² of which they are a director, trustee or officer and (iii) entities³ of which they are a trustee, director, officer, employee or general partner or in which they own, directly or indirectly, thirty-five per cent (35%) or more of the voting power, value or profit or beneficial interests and that are, or you reasonably believe will be in the future, doing business with the Foundation.

	A.	I serve as a trustee, director or officer of the following charitable organizations:
	В.	I serve as a trustee, director, or officer of the following business organizations:
	C.	I serve as a trustee, director, officer, employee or general partner of, or own, directly or indirectly, thirty-five per cent (35%) or more of the voting power, value or profit or beneficial interests of the following entities that are, or I reasonably believe will be in the future, doing business with the Foundation:
III.		y and Business Relationships with Other Members of the Managing Board,
	l below oundation	are the family relationships ⁴ and/or business relationships (other than with respect to on) that I have with any other member of the Managing Board, officer or key

A "business organization" is any corporation, partnership, trust, proprietorship, firm, association or other entity that has as its principal business the sale or lease of goods or provision of services to customers or clients who routinely pay for such services.

An "entity" is more inclusive than a business organization and means any corporation, partnership, trust or other entity which is, or you believe will be in the future, doing business with the Foundation.

⁴ "Family Member" includes a spouse, domestic partner, brother or sister (whole or half-blood), or lineal descendants or ancestors (or the spouse of such brother, sister, descendants or ancestors), or any other family member or family member's spouse, if living in the same household as the trustee or employee.

IV. Confirmation of the Code

knowledge, in	substantial compliance with the part of the Foundation the following	elieve that I am and have been, to the best of my provisions of the Code. If applicable, I wish to bring g situations that may constitute a conflict of interest
Signature		Date
Please mail, fa	ax or scan/email this completed f	form to:
	The Kwanmukan Foundation	
	Email: Fax:	
