

**SASKATCHEWAN MEMBER'S DECLARATION**

MEMBER			
Last Name	First Name	Constituency	
Home Address			
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	
Legislature Address			
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	
Constituency Address			
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	

**DECLARATION**

- I am familiar with the requirements of *The Members' Conflict of Interest Act*.
  - I have reviewed my private disclosure statement dated \_\_\_\_\_ and declare that no material changes have occurred respecting my assets, liabilities and financial interests and those of my family and of any private companies that are controlled by all or any of us since that statement was filed.
- OR—**
- I have reviewed my private disclosure statement dated \_\_\_\_\_ and declare that the following details the material changes that have occurred respecting my assets, liabilities and financial interests and those of my family and of any private companies that are controlled by all or any of us since that statement was filed:

**MATERIAL CHANGE (clearly identify each material change and number consecutively)**

**MATERIAL CHANGE** (clearly identify each material change and number consecutively)

**SUBMISSION**

I request the commissioner’s permission to submit this declaration pursuant to subsection 11(6) of *The Members’ Conflict of Interest Act*.

\_\_\_\_\_

Date

\_\_\_\_\_

Member (*Signature*)

**AUTHORIZATION**

For office use only

\_\_\_\_\_ is authorized to submit this declaration pursuant to subsection 11(6) of *The Members’ Conflict of Interest Act*.

\_\_\_\_\_

Date

\_\_\_\_\_

Conflict of Interest Commissioner (*Signature*)