Gendent SA(Pty)Ltd	**STATEMENT OF IMPARTIALITY AND PRESSURES**	Document No: FRM-1 Page 1 of 3

Approvals:			
Compiled by:	Graham Wollentine	Date approved:	19.08.2020
Approved by:	Justin Wollentine	Revision No:	D

I, Khelder Illingsworth

hereby declare that, I will not in any form accept bribery and corruption in Gendent SA's business dealings.

hereby declare that, I may not engage in any conduct involving a real, potential or perceived conflict without having first received prior written consent from the Gendent SA's management. In order to maintain independence and impartiality, the recommendation of any make model of x-ray unit to any licence holder is forbidden. The discussion of any installations and or inspections been conducted by Gendent SA for any other company is also forbidden.

hereby declare that, to the best of my knowledge, there is no possibility of a conflict of interest between myself and any current client, supplier and employee of Gendent SA's, in accepting this position.

I hereby declare all interests and associations I have / have had with the below-mentioned clients, suppliers, other relevant stakeholders and employees, and also declare any actual or perceived commercial, financial, political or other pressure/s that could influence a decision or inspection activity and/or may be to my personal gain:

Relationship type:	**Description:**	**Conflict of interest/ Pressure declaration: ***
Clients:	448 Clients for Dentsply Sirona, 4025 Clients from mandatory inspections, 3187 Clients for Dentsply Sirona, 122 Clients for Scivission, 8 Clients for Dental Warehouse	None identified
Suppliers and other relevant stakeholders (e.g equipment suppliers):	Wright-Millners, Dentsply Sirona, First Medical and Dental, Scivission Medical, KZN Dental supplies. The Dental Warehouse.	None identified
Employees:	Graham Wollentine, Carol Wollentine, Justin Wollentine, Gillian Swart, Charlene Esterhuizen, Steven Lombard	None identified

Employee Signature: K Illingsworth Date: 03/04/2023

Witness Signature: Date: 03/04/2023

Complete below only when a relationship resulting in potential conflict of interest / pressure declared above:

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CLIENT: RISK ASSESSMENT (RI)					
Any new risks identified?	**Yes** ☐	**No** ☐			
If No, record reasoning:					
If Yes, reference RI no:					
Reported by:		**Signature:**		**Date:**	

SUPPLIER: RISK ASSESSMENT (RI)					
Any new risks identified?	**Yes** ☐	**No** ☐			
If No, record reasoning:					
If Yes, reference RI no:					
Reported by:		**Signature:**		**Date:**	

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EMPLOYEE: RISK ASSESSMENT (RI)					
Any new risks identified?	**Yes** ☐		**No** ☐		
If No, record reasoning:					
If Yes, reference RI no:	RI4.1/001/20				
Reported by:	Carol Wollentine	**Signature:**		**Date:**	3/4/2023