15F27514 00

**FormFactor Supplier Conflict of Interest Disclosure Form**

All suppliers interested in conducting business with FormFactor, Inc. or any of its affiliates (“FormFactor”) must complete and return the Supplier Conflict of Interest Disclosure Form in order to be eligible to do so.

**Certification:** I hereby certify that to my knowledge, there is no conflict of interest involving the supplier named below:

1. No FormFactor employee or the FormFactor employee’s immediate family member has an ownership interest in the supplier’s company or will derive any personal financial gain from any business with FormFactor.
2. No retired or separated FormFactor employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in the supplier’s company.
3. No FormFactor employee or the FormFactor employee’s immediate family member is contemporaneously employed or prospectively to be employed with the supplier.
4. Supplier hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any FormFactor employee or a FormFactor employee’s immediate family member in connection with or to obtain or maintain a contract.
5. Except as disclosed below, there are no ownership, financial or business relationships that supplier, or their owners, employees, representatives or direct business partners have with FormFactor or any of its employees or with others that may be reasonably considered to result in any form of conflict of interest, or the appearance of any such conflict of interest, relating to the transactions between the supplier and FormFactor.
6. Supplier will promptly provide to FormFactor a signed supplement to this form if any of the foregoing changes in the future.
7. Please note any exceptions below:

|  |  |
| --- | --- |
| **Supplier Name:** | **Supplier Phone Number:** |
| **Conflict of Interest Disclosure** |
| Name(s) of the FormFactor employee or FormFactor employee’s immediate family member with whom there may be a potential conflict of interest: | [name ]; Relationship: [ ] |
| Detailed description of the actual or potential exception to the above: |  |
|  |  |

Printed Name of Supplier Authorized Representative

Signature of Supplier’s

Authorized Representative Date

**Purchasing Use Only**

#  Yes, named employee or official was involved in the procurement process or decision.

 No, named employee or official was not involved in the procurement process or decision.