

Shell Nigeria Exploration and Production Company Limited



Co-venture partners



**Government Official Declaration Form**

As part of our Quality Assurance procedure, we would like to ascertain some information from you to help manage our National University Scholarship Award process in a fair and unbiased manner. This information is to help us manage scenarios where a conflict of interest may arise considering that we partner with government officials in our operations.

**Government official is defined below-**

- Official or employee of any Government, or any agency, ministry, or department of a Government (at any level).
- Any person acting in an official capacity for a government, regardless of rank or position.
- Official or employee of a company wholly or partially, controlled by a government (for example, a state-owned oil company such as Nigeria National Petroleum Corporation), but excluding Employees seconded to such companies.
- A political party or any official of a political party.
- Candidate for political office.
- Officer or employee of a public international organization such as the United Nations or the World Bank.
- Immediate family member (meaning a spouse, dependent child, parent, or household member) of any of the above.

**Please answer the question below (clearly circle the correct answer).**

A. Have you read and understood the definition of a Government Official?

**Yes/No**

B. Are any members of your family i.e. (spouse, siblings, etc) employed as Government Officials?

**Yes/No**

If yes, please state name & relationship:

Name: .....Relationship: .....

I declare that, to the best of my knowledge, any information that I have provided in this form is true, correct, and complete.

**NNPC/SNEPCo NATIONAL UNIVERSITY SCHOLARSHIP - GOVERNMENT  
OFFICIAL DECLARATION FORM**

**NAME OF SCHOLAR:**..... **SEX** .....  
(SURNAME FIRST)

**STATE OF ORIGIN**..... **LOCAL**

**GOVT**..... **DATE OF BIRTH**.....

**AGE**.....

**FATHER'S**

**NAME**.....

...

**OCCUPATION**.....

..... **ROLE (Manager, Director, etc.):**

.....

**PLACE OF WORK & OFFICE**

**ADDRESS**.....

.....

.....

**MOTHER'S**

**NAME**.....

**OCCUPATION**.....

.....

**ROLE (Manager, Director, etc.):**

.....

**PLACE OF WORK & OFFICE**

**ADDRESS**.....

.....

..... **FAMILY MEMBER WHO IS A GOVERNMENT OFFICIAL (Where Scholars' parents are unable to support the scholars' education)**

**OCCUPATION**.....

..... **ROLE (Manager, Director, etc.):**

..... PLACE OF WORK &

OFFICE ADDRESS.....

.....  
.....

I declare that, to the best of my knowledge, any information that I have provided in this form is true, correct, and complete.

The information captured in this form will be reviewed by our compliance team.

Sign:

Name:

Date:

Award Year: **2023**