

DECLARACIÓN JURADA SOBRE CONFLICTO DE INTERÉS
(*SWORN STATEMENT REGARDING CONFLICT OF INTEREST*)

Instructions: The Offeror must disclose and describe in detail any kind of financial or economic interests, relationships, economic transactions or any arm-length transactions, including a description of any type of disbursements by the Offeror’s arrangements or contracts as required. Also, they shall describe the hierarchical or legal relationship between parent company, affiliates, subsidiaries or any other entity related to the Offeror. In addition, the Offeror shall report any Conflict of Interest¹ or economic relationship with family members² of Contractor’s stockholders, Board of Directors, or Officials of the entity. This disclosure should include a description of percentage (%) of ownership or participation, expense or cost allocation method between the entities and any other related information. The Offeror must certify under oath that this form and the additional documents attached to it contain all the existing economic relationships of the Offeror. This form must be signed and notarized. **Noncompliance with this requirement may be sufficient cause to disqualify the Offeror.**

The following information on ownership and control must be disclosed:

I. Disclose your Organization Structure

1. How is your company legally organized?

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Corporation:
<input type="checkbox"/> DBA ³	<input type="checkbox"/> Limited	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
	<input type="checkbox"/> Unlimited	Other: _____

¹ A Conflict of Interest is any set of facts or circumstances that appears to compromise or may reasonably compromise the fairness, independence, or objectivity of the Offeror if they are awarded the contract, including but not limited to personal or business interest that would present an actual, potential, or apparent Conflict of Interest with the performance of that contract or may create an appearance of impropriety.

² Family Members, for purposes of this RFP, are individuals, up to the fourth degree of consanguinity or second of affinity, or persons related to the nucleus of their home, who are related to the Offeror’s stockholders, Board of Directors, or Officials of the entity.

³ Doing business as.

2. Which of the following best describes your company relationship, ownership or participation with other companies?

Affiliated _____ Subsidiary _____ Parent _____ Brother/Sister _____
 Other _____

3. Please attach a flowchart or hierarchical chart including all the companies related to the Offeror.

4. Please produce a Table which summarizes all the companies related, including full names of stockholders, their position within the company (if applicable) and their own percentage (%) of participation, Control and interest in the company, such as the percent (%) of participation, control and interest in any brother or sister Corporation, affiliate, subsidiary, and/or parent company.

If an immediate family member of the Offeror owns or has any kind participation (economic or administrative) related to the Offeror Company or any other of the affiliate or subsidiary companies, please disclose their names, % of participation, Control or interest in each company.

Offeror Company Name _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

Parent Company Name: _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

Affiliate Company Name: _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

Affiliate Company Name: _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

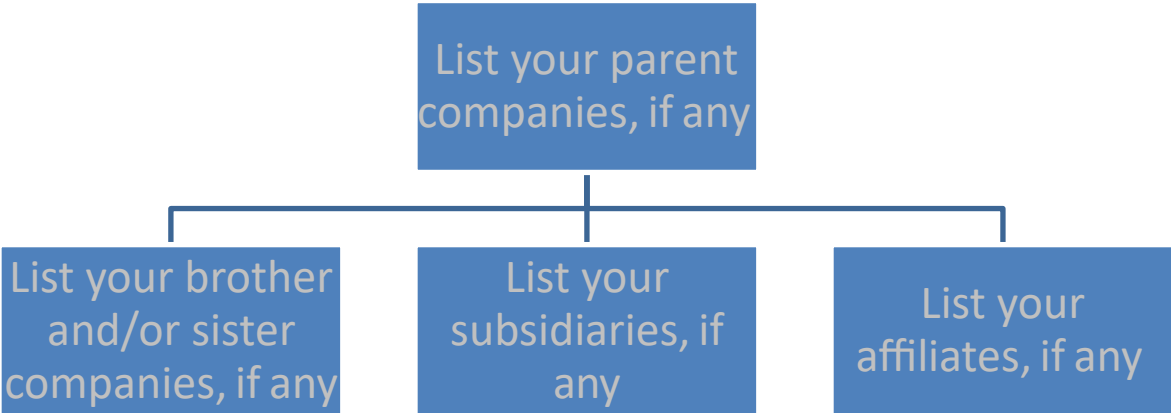
Subsidiary Company Name: _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

Subsidiary Company Name: _____

Stockholders Names:	% Participation in company	% of Control	% of interest	Other:

II. Describe the Hierarchical or Judicial Structure of the Offeror



1. Disclose any Affiliates⁴, including domestic and foreign:

A. Report any common ownership:

B. Describe any distribution of voting stock:

C. Disclose any common management:⁵

D. Explain any contractual relationship:⁶

E. Describe any expense or cost allocation methods between both entities, including: base data (source and period of time considered), method of allocation (percentage or any other), rationale for calculation, and frequency. If this agreement is in writing, provide a copy.

2. Describe any Subsidiaries,⁷ including those domestic and foreign:

A. Report any common ownership:

B. Describe any distribution of voting stock:

⁴ In determining whether affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationships (including a franchise agreement in some cases), whether it is organized for profit or is located in the United States or its outlying areas. Business concerns are affiliates of each other if, directly or indirectly, either one controls or has the power to Control the other, or another concern controls or has the power to Control both.

A party is considered to control or have the power to control a concern, even though the party owns, controls, or has the power to control less than 50 percent of the voting stock (taking in consideration other matters).

Affiliate signifies a condition of being united; being in close connection, allied, associated, or attached as a Member or branch with another person, body, or organization. Affiliate Company is one which is effectively controlled by another company or a company in which there is ownership (direct or indirect) of 5 percent or more of the voting stock. Also, is a corporation which is related as parent and subsidiary, characterized by identity of ownership of capital stock.

Parent company is one owning more than 50 percent of the voting shares of another company, called subsidiary. Also, a parent company is a corporation which has working control through stock ownership of its subsidiaries. brother or sister corporations mean two or more corporations owned and effectively controlled by one or more individuals, and where these corporations are involved, earnings can be transferred between them only through common shareholder(s), who will be subject to progressive individual income tax.

⁵ Any control through common management includes:

(1) interlocking management (Officers, directors, employees, or principal stockholders) of one concern serve as a working majority of the board of directors or officers of another concern);

(2) Common facilities (one concern shares common office space and/or employees and/or other facilities with another concern);

(3) Newly organized concern (Former officers, directors, principal stockholders of one concern organized a new concern in the same or a related industry or field).

⁶ Control through contractual relationships includes joint ventures and acquisition and property sale assistance.

⁷ A subsidiary corporation is one in which another corporation (i.e. parent) owns at least a majority of the shares and thus has control. The term subsidiary corporation is also used to describe a company with more than 50 percent of whose voting stock is owned by another.

C. Disclose any common management:

D. Explain any contractual relationship:

E. Describe any expense or cost allocation methods between both entities, including: base data (source and period of time considered), method of allocation (percentage or any other), rational for calculation, and frequency. If this agreement is in writing, provide a copy.

Please list all the health care services facilities which are owned or under control by the Offeror and/or participate in any business related to them, including administrative agreements.

Facilities Owned:	% of Participation	Facilities under Control:	% of Participation	Administrative Agreements:

Report names and positions of Directors, Officials or agents which represent the Offeror and any other of the affiliates, subsidiaries, parent, brother or sister companies or any other company related by ownership, Control, interest or management agreements:

Official, Directors or Agents Names:	#1 Company Name ⁸	Position	#2 Company Name	Position

Note: If additional space is necessary to disclose all the financial relations, please attach additional paper sheets or make a copy of this form. There is a continuing duty to notify ASES of any actual or potential conflicts of interest that may develop during the evaluation process of the Proposals, including the negotiation process before signing the Contract. ASES reserves the right to disqualify any Offeror who has Conflict of Interests and/or to terminate any agreement after getting knowledge of any Conflict of Interest not reported.

The Offeror must declare and certify under oath that this form and any other additional documents attached to it contain all the existing economic relationships of the Offeror. This form must be signed and notarized. **Noncompliance with this requirement is sufficient cause to disqualify the Offeror.**\

CERTIFICATION UNDER OATH

I, _____ (full name), in my capacity of _____ (position) from _____ (company name), after being authorized to represent the Offeror, declare and certify under oath that this document contains all the statements and information related to potential Conflicts of Interests and economic or financial relationships of the Offeror at the present. I certify that there is no additional information to report, or intentionally hidden, or not disclosed as requested. Also, I understand that ASES reserves the right to disqualify our Proposal in case any information was not disclosed or falsely submitted.

I also certify that _____ (company name), including its officials and representatives, have no conflict of interests or no apparent conflict of interests with any healthcare providers in the provision of services under RFP #LEY95-2025.

I also certify under oath that _____ (company name) and/or its officers or representatives have no economic interests, whether directly or indirectly, with companies, subsidiaries, affiliates or owners of a healthcare facility, as defined by Act No. 101 of June 26, 1965, as amended, that provide services to Act. No. 95 beneficiaries.

And IN WITNESS THEREOF, I swear and sign this affidavit in _____ (city), Puerto Rico, today _____, 2025.

(Signature of the Declarant)

Affidavit Number _____

Sworn and subscribed before me by _____, whose personal circumstances have been previously stated, and whom I give faith to know personally/have identified by means of _____. In _____ (city), Puerto Rico, today _____, 2025.

NOTARY PUBLIC