

Form 9
[See section 82(7)]

THE CODE OF ETHICS (TO BE ENDORSED BY THE CSO)

Name of organization:(PBO/MBO/FCSO)

Postal address of the registered office:

Proposed location of the registered office:

This Code of Ethics, adopted by the Board on (date), provides staff and Board of the organization guidelines for professional behavior and ethical conduct.

Subject to chapter 15 of the CSO Act of Bhutan, the code of conduct shall among others include:

Public Benefit Organization

- Committed to operating in an honest, fair, professional, and humane manner.
- Respect indigenous knowledge and customs, individuals' dignity, identity, culture, faith and values.
- Provide cost effective services, be innovative and responsive to the needs of the economically disadvantaged sections of society.
- Public services and charitable activities of the organization shall be planned, designed, implemented, monitored and evaluated in an equitable manner with the participation of the people concerned.
- Exercise and promote fairness, impartiality and equity in all our activities and dealings.
- Be transparent and accountable to our community partners, the public, our donors and other interested parties.
- Not be biased or discriminatory in our policies and procedures.
- Avoid conflict of interest involving Board and / or staff members by excluding any stakeholder with a personal interest in any decision from its debate and resolution.

Mutual Benefit Organization

- Committed to operating in an honest, fair, professional, and humane manner.
- Respect indigenous knowledge and customs, individuals' dignity, identity, culture, faith and values.
- Provide cost effective services, be innovative and responsive to the needs of the economically disadvantaged sections of society.
- Be transparent and accountable to our members and other interested parties.
- Not be biased or discriminatory in our policies and procedures.

The applicant and Trustees (*names, nationalities, occupation*)

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Dated ... /... /... ..

Witness to the above signatures
Signature of witness:
Name:
Address:
Occupation:

Legal stamp