

EXTERNAL ENGAGEMENT ACTIVITIES

Conflict of Commitment and Outside Activities

REPORT ON STAFF EXTERNAL ENGAGEMENT ACTIVITIES

Instructions: *In accordance with the Staff External Engagement Policy, this form is to be completed by staff members who wish to engage in any external professional, voluntary, or personal activities that may have an impact on their role and responsibilities at INCEIF. All declarations must be accompanied by appropriate justifications, disclosure of any payments received, and supporting documentation.*

Note: Attach additional sheets if necessary.

Name: Prof. Younes Soualhi Position : Senior Research Fellow

Staff ID _: IS069 Department: CASHiF

A. Consulting

Please declare any consulting work you intend to undertake. Indicate the name of the business or organisation, include an estimation amount of time to be spent (days/week) in the activity, and the frequency of engaging in this activity (how many times/month). You will need to declare the payment received for this activity.

Note: Attach additional sheets if necessary.

Name of Business / Organisation	Estimated Time /Period	Estimated Frequency	Payment Received (RM)
None			

B. Service as a Director, Board member, Trustee, Public Representative or Advisory Council

Please declare any business, organisation, professional body or association, educational institution, non-profit organisation, national commission or board, or foundation for which you serve as a Director, Board member, Trustee or public representative, and other entities for which you serve on an advisory council. Please provide an estimation amount of time to be spent (days/week) in the activity and the frequency of engaging in this activity (how many times/month). You will need to declare the payment received for this activity.

Note: Attach additional sheets if necessary.

Name of Business / Organisation	Position Held	Estimated Time	Estimated Frequency	Payment Received (RM)
Rajhi Bank (KL)	Chairman, Shariah Board.	5 hours	Monthly	RM8,000 (monthly)
MNRB Takaful (KL)	Chairman, Group Shariah Committee.	3 hours	Every 2 months	RM4000 (monthly)
Bursa Malaysia (KL)	Member, Shariah Committee.	2 hours	Every 2 months	RM2000 (monthly)
Kuwait Re Retakaful (Labuan)	Chairman, Shariah Committee.	1.5 hours	Every 6 months	RM4000 (monthly)
ABC Bank (Algeria)	Deputy Chairman, Shariah Committee.	2 hours	Half annually	Net annual retainer (USD 16,000)
National Popular Credit (Algeria)	Member, Shariah Committee.	2 hours	Half annually	RM1467 (monthly)
Al-Djazir al-Muttahida (Family Takaful National company-Algeria)	Deputy Chairman	2 hours	Half annually	RM917 (monthly)
Salam Takaful Company (Nigeria)	Chairman, Shariah Council of experts.	2 hours	Half annually	RM1400 (monthly)
Tropical Bank (Uganda)-[the regulator has not issued the licence yet].	Shariah Committee member	2 hours	Half annually	RM1700 (monthly)
Zep-Reinsurance (Kenya)	Shariah advisor	2 hours	Annually	Payment is made as and when my services are needed. So far, only one payment has been made in almost 2 years. (USD 2000).

C. Ownership, Management or Employment Activities

Please declare any businesses or enterprises in which you have an ownership interest, have management responsibilities or employed. Please indicate your position with the business

(Owner/Partner/Officer/Supervisor/Manager/Employee) and an estimation amount of time to be spent (days/week) in the activity and the frequency of engaging in this activity (how many times/month). You will need to declare the payment received for this activity.

Note: Attach additional sheets if necessary.

Name of Business / Organisation	Venue	Position Held	Estimated Time & Frequency	Payment Received (RM)
<i>None</i>				

D. Conferences

Please declare any types of conference which you will be engaged in that are external and provide with the following details. You will need to declare the payment received for this activity.

Note: Attach additional sheets if necessary.

Name of Conference	Venue	Date	Estimated Time & Frequency	Payment Received (RM)
No upcoming conferences				

E. Voluntary Activities & Community Service

Please declare any organisation with which you wish to engage in voluntary work that involves commitment of time that may interfere with your ability to fulfill your responsibilities to INCEIF. Please provide an estimation amount of time to be spent (days/week) in the activity and the frequency of engaging in this activity (how many times/month). You will need to declare for any payment received (if any) for this activity.

Note: Attach additional sheets if necessary.

** Please do not include voluntary work that does not interfere with your ability to perform your responsibilities to INCEIF.*

Name of Business / Organisation	Venue	Estimated Time & Frequency	Payment Received (RM) – if any
<i>None</i>			

F. Teaching Activities

Please declare any teaching activities which you will be engaged outside of INCEIF. This should include part-time lecturing or any other teaching activities. You will need to declare the honorarium or teaching fee received for this activity.

Note: Attach additional sheets if necessary.

Name of Business / Organisation	Venue	Estimated Time & Frequency	Payment Received (RM) – if any
Expertgate (a research platform, that also offers teaching)	Online	None (no activity has been conducted and no scheduled activity will be conducted).	not applicable

G. Other Reportable Outside Activities (not listed above)

Please declare any other Reportable Outside Activities not listed above and provide an estimated amount of time to be spent (days/week) in the activity and the frequency of engaging in this activity (how many times/month).

Note: Attach additional sheets if necessary.

Name of Business / Organisation	Venue	Position Held	Estimated Time & Frequency	Payment Received (RM)
None				

**Please attach the relevant documents with this form.*

Acknowledgement:

I have reviewed the information provided above and believe it to be complete and accurate.



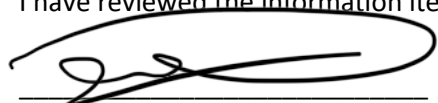
 Signature

Date: 30\04\2025

REVIEWED BY:

To be reviewed by the Head of Department

I have reviewed the information itemised above and the attached documentation.



Signature

30/04/2025

Date

APPROVAL BY:

To be approved by the Divisional Head of Department/ Head of Department:

- ☐ I approve all the activities.
 ☐ I approve the following activities: _____
 ☐ I do not approve the following activities: _____

Signature

Date

Copied for information to: PCEO and Human Capital

Signature

Date

Signature

Date