



ANNUAL DECLARATION OF INTEREST

(Annex II EBA DC 104)

You are required to sign this form in order to confirm that you have read and taken note of Article 11a of the Staff Regulations as applied by the Conditions of Employment of Other Servants, the EBA's Staff Ethics Rules (EBA DC 064), the EBA's Policy on Independence and Decision Making Processes for avoiding Conflicts of Interest (Conflict of Interest Policy) for Staff and Other Contractual Parties (EBA DC 104).

Signing this declaration should prompt you to consider whether you may have a possible conflict of interest that could affect the performance of your duties at the EBA. The act of signing the declaration should also remind you that when you do have a conflict of interest you should inform the Appointing Authority accordingly.

Article 11a of the Staff Regulations states the following:

"1. An official shall not, in the performance of his duties and save as hereinafter provided, deal with a matter in which, directly or indirectly, he has any personal interest such as to impair his independence, and, in particular, family and financial interests.

2. Any official to whom it falls, in the performance of his duties, to deal with a matter referred to above shall immediately inform the Appointing Authority. The Appointing Authority shall take any appropriate measure, and may in particular relieve the official from responsibility in this matter.

3. An official may neither keep nor acquire, directly or indirectly, in undertakings which are subject to the authority of the institution to which he belongs or which have dealings with that institution, any interest of such kind or magnitude as might impair his independence in the performance of his duties."

I hereby declare that I have read Article 11a of the Staff Regulations, the EBA's Staff Ethics Rules (EBA DC 064) and the EBA's Policy on Independence and Decision Making Processes for Avoiding Conflicts of Interest (Conflicts of Interest Policy) for Staff and Other Contractual Parties (EBA DC 104) and am aware of my obligations. I attach a list of my current interests (annex 1) and, where applicable, sources of conflict of interest (annex 2). Whenever I have a conflict of interest I will alert the Appointing Authority.

Name: Peter Mihalik	Date: 27/01/2017	Signature: signed
------------------------	---------------------	----------------------

Please send a signed copy of this form to the EBA's Ethics Officer, and fill in a new form at the start of each year.

Please fill in and sign Annex 1 and 2.

Annex 1. List of financial assets according to Article 4 and point (1.3) (a) of Article 1:

Name/ISIN	Date of acquisition	Number of shares or nominal value
Please add additional rows as appropriate		

I do not have any financial assets that fall under the definition of Article 1.3 (a) of the Conflicts of Interest Policy.

Name: Peter Mihalik	Date: 27/01/2017	Signature: signed
------------------------	---------------------	----------------------

Article 1 point 1.3 (a): Economic interest meaning any economic stake or share in a body, in particular any financial institutions that are under the EBA's scope of action (as defined in Article 1(2) and (3) of Regulation (EU) No 1093/2010 including the stocks, equities or bonds thereof, or of one of its subsidiaries or of a company in which it has a holding. This does not include personal insurance policies, collective investment funds¹ or deposits contracted as a regular customer;

Staff should declare all such economic interests that they hold or have held during the same year and the year prior to this declaration (e.g. for the declaration made in 2016, all such interest that have been held at any point during 2015 and 2016 must be declared, even if the interest is not held any longer when the declaration is made.

Staff is reminded that dealings in financial instruments in some cases requires prior approval and in nearly all cases notification in line the Ethics Guidelines. This obligation exists in addition to the above declaration.

¹ Units in collective investment undertakings, that invest in shares of credit institutions, investment firms, financial conglomerates, or their group companies, should only be declared if their dealing would require notification under the Ethics Guidelines.

Annex 2. Source(s) of conflict of interest, actual (past or present) or potential (attach as many as relevant); according to Article 4 of the Conflict of Interest Policy **all such activities during five years preceding the submission of the declaration**, that could create actual or potential conflicts of interests, have to be declared:

Type of conflict (as per Article 1)

- Membership of a body with an interest in the subject matter
- Employment (including being a SNE or on unpaid leave)
- Consultancy
- Intellectual property
- Other memberships
- Other (e.g. gainful employment of the spouse in the financial sector)

No conflict of interest to be declared

In all cases, please provide as many details as possible (in the case of a body or employer, full name, location, private or public nature and your role):

<p>1.</p> <p>Period concerned:</p> <p><input type="checkbox"/> Past, from: to:</p> <p><input type="checkbox"/> Present, since ... to: ...</p> <p>State the nature of and procedure involved in the matter on which you are called on to decide - or deal with - in the performance of your duties and in the outcome - or handling - of which you may have a personal interest such as to impair your independence:</p> <p>.....</p> <p>State the reasons why your independence may be impaired:</p> <p>.....</p>
<p>2.</p> <p>Period concerned:</p> <p><input type="checkbox"/> Past, from: to:</p> <p><input type="checkbox"/> Present, since.....to:</p> <p>State the nature of and procedure involved in the matter on which you are called on to decide - or deal with - in the performance of your duties and in the outcome - or handling - of which you may have a personal interest such as to impair your independence:</p> <p>.....</p> <p>State the reasons why your independence may be impaired:</p> <p>.....</p> <p>.....</p>

Name: Peter Mihalik	Date: 27/01/2017	Signature: signed
------------------------	---------------------	----------------------

SEND THE COMPLETED FORM TO THE ETHICS OFFICER