

Annex to Declarations of Interests

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).

Nature of conflict	Period (from /till)	Organisation	Subject matter/Reasons why my independence may be impaired
I. Economic Interest	1. 2.		N/A Not Applicable
II. Membership	1. 2.		N/A Not Applicable
III. Employment or Consultancy	1. 2.		N/A Not Applicable
IV. Intellectual Property Rights	1. 2.		N/A Not Applicable
V. Other	1. 2.		N/A Not Applicable
VI. Interests of close family members	1. 2.		N/A Not Applicable

MM



Annex II

Declaration of Interests (DoI)

First Name	<i>Martin</i>
Surname	<i>MERLIN</i>
Authority/ MS	<i>EUROPEAN COMMISSION</i>
Current EBA involvement	<i>Management Board Board of Supervisors</i>

- I declare that I have read the Decision of the Management Board on Conflict of Interest Policy (EBA DC 2014 103) and that this declaration is truthful and complete.
- I do hereby declare on my honour that, to the best of my knowledge, the only interests that create a Conflict of Interest as defined in Article 1(2)(c) of the Policy in respect of my activities which fall under the EBA's scope of action are those listed in the annex.
- Whenever I have a Conflict of Interest I will alert the EBA.

Date:	Signature:
<i>7/10/17</i>	<i>[Handwritten Signature]</i>

Please send a signed copy of this form to the EBA's Ethics Officer ethics@eba.europa.eu