



ANNUAL DECLARATION OF INTEREST

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 271), 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 104rev1).

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 271) 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 rev1) 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: 30/03/2020	Signature: signed
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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:

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. Economic interests also include crypto currencies held as investment. 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 2020, all such interest that have been held at any point during 2018 and 2019 must be declared, even if the interest is not held any longer when the declaration is made.

Name and ISIN	Date of acquisition	Number of shares or nominal value	Date of sale
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.

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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 (declare separately all relevant COI); 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 fact, task, responsibility or procedure in which you are involved in the performance of your duties that is actually or could potentially be perceived as being in conflict with the above personal interest:</p> <p>.....</p> <p>Please state the reasons why you consider that your independence may be or has been impaired or explain why this is not the case:</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 fact, task, responsibility or procedure in which you are involved in the performance of your duties that is actually or could potentially be perceived as being in conflict with the above personal interest:</p> <p>.....</p> <p>Please state the reasons why you consider that your independence may be or has been impaired or explain why this is not the case:</p> <p>.....</p>

Name: Peter Mihalik	Date: 30/03/2020	Signature: signed
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SEND THE COMPLETED FORM TO THE ETHICS OFFICER