



## Annex II

## Declaration of Interests (DoI)

First Name	<i>Emmanuelle</i>
Surname	<i>Assouan</i>
Authority/ MS	<i>Autorité de contrôle prudentiel et de résolution</i>
Current involvement	EBA <i>Alternate member</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: <i>28.2.2020</i>	Signature: 
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Please send a signed copy of this form to the EBA's Ethics Officer [ethics@eba.europa.eu](mailto:ethics@eba.europa.eu)



*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.	/	NIL
II. Membership	1. 2.	/	NIL
III. Employment or Consultancy	1. 2.	/	NIL
IV. Intellectual Property Rights	1. 2.	/	NIL
V. Other	1. 2.	/	NIL
VI. Interests of close family members	1. 2.	/	NIL