

Annex II of EBA Decision EBA/DC/2020/308

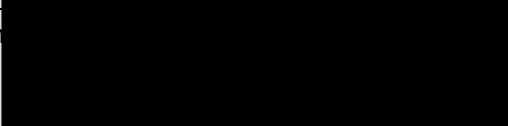
Declaration of Interests (DoI)

First Name	<i>Patrick</i>
Surname	<i>Hoedjes</i>
Authority/ MS	<i>European Insurance and Occupational Pensions Authority (EIOPA)</i>
Current EBA involvement	<i>Member of the AMLSC</i>

- I declare that I have read the Decision on Conflict of Interest Policy (EBA DC 2020/308) 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: 18/09/20	Sign 
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Please send a signed copy of this form to the EBA's Ethics Officer 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.		NA
II. Membership	1. 2.		NA
III. Employment or Consultancy	1. 2.		NA
IV. Intellectual Property Rights	1. 2.		NA
V. Interests of close family members	1. 2.		NA
VI. Institutional Conflict of Interest	1. 2.		NA
VII. Article 50 TEU	1. 2.		NA
VIII. Other	1. 2.		NA