

Annual Declaration of interest

Fields marked with * are mandatory.

Declaration of Interest

* First name

Helmut

* Surname

Ettl

* Competent Authority/EU Institution

Austrian Financial Market Authority

* Member State

For the EU institutions members, please mention N/A

Austria

* Current EBA involvement and position

at least 1 choice(s)

Please select all the options applicable to you.

- AMLSC alternate
- AMLSC non-voting member
- AMLSC observer
- AMLSC voting member
- BoS alternate
- BoS non-voting member
- BoS observer
- BoS voting member
- MB alternate
- MB member
- MB observer
- ResCo alternate
- ResCo non-voting member

- ResCo observer
- ResCo voting member

* I declare that I have read the Decision on Conflict of Interest Policy (EBA DC 2020/308 - Conflict of Interest Policy) and that this declaration is truthful and complete

Yes

* I declare 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 Conflict of Interest Policy in respect of my activities which fall under the EBA's scope of action are those listed below

Yes

* I declare that whenever I have a Conflict of Interest I will inform the EBA

Yes

* Do you have any Economic Interests (as defined in Article 1.3(a) of the Conflict of Interest Policy) to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Membership (as defined in Article 1.3(b) of the Conflict of Interest Policy) to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Employment or Consultancy (as defined in Article 1.3(c) of the Conflict of Interest Policy) to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Intellectual property rights (as defined in Article 1.3(d) of the Conflict of Interest Policy) to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/till)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Interests of close family members (as defined in Article 1.2(b) of the Conflict of Interest Policy) to declare?

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the full name, location, private or public nature and their role).

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Institutional Conflict of Interest (as defined in Article 1.3(f) of the Conflict of Interest Policy) to declare?

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the full name, location, private or public nature and your role).
Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* Do you have any Employment by a competent authority from a Member State withdrawing in accordance with Article 50 Treaty on European Union (TEU) to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

Are there any other Interests to declare?

Yes

No

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

Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

Background Documents

[Conflict of Interest Policy](#)

[Data Protection Notice](#)

Contact

[Contact Form](#)