

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

Declaration of Interest

First name:		Surname:			
Competent Authority:		Member State:			
EU Institution:					
Current EBA involvement:		Position:			
I declare that I have used the	o Docision on Conflict o	of Interest Delice (FDA DC 2020/200) and			
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.					
Signature		Date			



Annex to the Declaration of Interests

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/may not be impaired
	From	То		
I. Economic Interest				
II. Membership				
III. Employment or Consultancy				
IV. Intellectual Property Rights				
V. Interests of close family members				
VI. Institutional Conflict of Interest				



VII. Article 50 TEU		
VIII. Other		