

Annex II



DECLARATION OF INTERESTS

First Name	TONIA
Surname	TSANGARIS
Authority/Institution/Agency	INSURANCE COMPANIES CONTROL SERVICE (ICCS)
Current EIOPA Involvement (Voting Member, Permanent Representative, EEA EFTA Member, Non-Voting Member, Observer)	ALTERNATE

☒ I declare that I have read the Decision adopting a Policy on Independence and Decision Making Processes for avoiding Conflicts of Interest (Conflict of Interest Policy) for Non-Staff (EIOPA-BoS-22-388) 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 Decision in respect of my activities which fall within EIOPA's scope of action are those listed in the Annex.

☒ Whenever I have a Conflict of Interest, I will alert EIOPA.

Date: 8/8/23	Signature: 
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Please submit a signed copy of this form to EIOPA's Ethics Officer as requested

Annex to Declaration 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.		
II. Membership	1. 2.		
III. Employment or Consultancy	1. 2.		
IV. Intellectual Property Rights	1. 2.		
V. Other	1. 2		
VI. Interests of close family members	1. 2.		