



European Insurance and
Occupational Pensions Authority

Declaration of Interests

Fields marked with * are mandatory.

Declaration of Interests (Conflict-of-Interest Policy EIOPA-BoS-22-388Rev1 of 11/06/2025)

* First name

Andre

* Surname

Nõmm

* Competent Authority / EU Institution

Finantsinspektsioon

* Member State

For the EU institutions members, including the EFTA Surveillance Authority, please mention N/A

Estonia

* Current EIOPA involvement and position

Minimum 1 selection(s)

Please select all the options applicable to you.

- ☒ BoS Voting Member
- ☐ BoS Permanent Representative
- ☐ BoS EEA EFTA Member

- ☐ BoS Non-Voting Member (European Commission, ESRB, EBA, ESMA, EFTA Surveillance Authority)
- ☐ BoS Alternate
- ☐ BoS Observer
- ☐ MB Member
- ☐ MB Alternate
- ☐ MB Representative of the European Commission
- ☐ MB Observer

*** I declare that I have read the Decision on Conflict of Interest Policy ([EIOPA-BoS-22-388Rev1 - 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 EIOPA's scope of action are those listed below**

☒ Yes

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

☒ Yes

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

Please consider the reference period of **one year** preceding the submission of this declaration.

☐ Yes
☒ No

*** Do you have any Economic Interests related to Critical Third Party Providers (“CTPPs”) as defined in Article 3(23) of DORA** (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) **to declare?**

Please consider the reference period of **one year** preceding the submission of this declaration.

☐ Yes
☒ No

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

Please consider the reference period of **one year** preceding the submission of this declaration.

☐ Yes
☒ No

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

Please consider the reference period of **one year** preceding the submission of this declaration.

☐ Yes

☒ No

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

Please consider the reference period of **one year** preceding the submission of this declaration.

☐ Yes

☒ No

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

Please consider the reference period of **one year** preceding the submission of this declaration.

☒ 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	2014-2025 (not current)	Dispute resolution body operating under the Estonian Insurance Association and the Motor Insurance Bureau.	EFSA appointed member of advisory board of dispute resolution body operating under the Estonian Insurance Association and the Motor Insurance Bureau. The membership is ended. Previous advisory board role did not impair independence.
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?**

Please consider the reference period of **one year** preceding the submission of this declaration.

- ☐ Yes
☒ No

*** Are there any other Interests to declare** (including under Article 1.3(g-h) of the Conflict-of-Interest Policy)?

Please consider the reference period of **one year** preceding the submission of this declaration.

- ☐ Yes
☒ No

Date

16/01/2026

Signature (please write your full name)

Andre Nömm

Background Documents

[Conflict of Interest Policy](#)

Contact

ethicsboard@eiopa.europa.eu