



European Insurance and  
Occupational Pensions Authority

# Declaration of Interests

Fields marked with \* are mandatory.

## Declaration of Interests (Conflict-of-Interest Policy EIOPA-BoS-22-388 of 19/07/2022)

**\* First name**

Flamand

**\* Surname**

Thierry

**\* Competent Authority / EU Institution**

Commissariat aux Assurances

**\* Member State**

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

Luxembourg

**\* Current EIOPA involvement and position**

*Minimum 1 selection(s)*

Please select all the options applicable to you.

- BoS Voting Member
- BoS Alternate
- BoS Permanent Representative
- EEA EFTA Member
- BoS Non-Voting Member

- BoS Observer
- MB Member
- MB Alternate
- MB Representative of the European Commission
- MB Observer
- Member of Panel (Breach of Union law)
- Member of Panel (Mediation)
- Member of Panel (Inquiry)

\* I declare that I have read the Decision on Conflict of Interest Policy ([EIOPA-BoS-22-388 - 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 **two years** preceding the submission of this declaration.

Yes

No

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

Please consider the reference period of **two years** preceding the submission of this declaration.

Yes

No

**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). **Complete a row for each activity.**

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1	Annual mandate directly linked to my position within the CAA	Commission de Surveillance du Secteur Financier (CSSF)	Commission in charge of the auditor's exams
2	Annual mandate directly linked to my position within the CAA	Commission des normes comptables (CNC)	Commission in charge of the accounting standards in Luxembourg
3	Annual mandate directly linked to my position within the CAA	Comité du Risque systémique (CdRS)	The CdRS is the Luxembourg macroprudential authority
4			
5			

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

Please consider the reference period of **two years** preceding the submission of this declaration.

- Yes
- No

**Please provide as many details as possible** (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	Annual mandate	University of Luxembourg	Lecturer in insurance regulations (30 UV per year)
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?**

Please consider the reference period of **two years** preceding the submission of this declaration.

- Yes  
 No

**\* 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 two years 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 **two years** preceding the submission of this declaration.

- Yes  
 No

**\* Are there any other Interests to declare?**

Please consider the reference period of **two years** preceding the submission of this declaration.

- Yes  
 No

**Date**

19/03/2024

**Signature** (please write your full name)

Thierry Flamand

**Background Documents**

[Conflict of Interest Policy](#)

**Contact**

ethicsboard@eiopa.europa.eu

