

## **DECLARATION OF INTERESTS**

First Name		Vasiliki				
Surname		MAMMONA				
2 11 11 11 11 11		MINISTRY OF LABOUR AND SOCIAL AFFAIRS				
Authority/Instituti	on/Agency	MINISTRY OF LABOUR AND SOCIAL AFFAIRS				
Current EIOPA Involvement (Voting Member, Permanent Representative, EEA EFTA Member, Non-Voting Member, Observer)  PERMANENT REPRESENTATIVE		PERMANENT REPRESENTATIVE				
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: 13/3/2023	Signature:					

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	1.		
Interest	2.		
II. Membership	1.		
	2.		
	1.		
Consultancy	2.	<i>e</i>	
IV. Intellectual	1.		
Property Rights	2.		
V. Other	1.		
	2		
VI. Interests of close	1.		
family members	2.		