

## **DECLARATION OF INTERESTS**

First Name	MARIA MARGARIDA				
Surname	DE LUCENA DE CASTELO-BRANCO CORREIA DE AGUIAR				
Authority/Institution/Agency AUTORIDADE DE SUPERVISÃO DE SEGUROS E F DE PENSÕES (ASF)					
Current EIOPA Involvement (Voting Member, Permanent Representative, EEA EFTA Member, Non-Voting Member, Observer)	VOTING MEMBER OF THE BOARD OF SUPERVISORS				

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.

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V	Whenever	I have a	Conflict	of Interest,	Lwill	alert	FIOPA.
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Date:	Signature					
1.03.2023						

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.	•	
III. Employment or	1.		
Consultancy	2.		
IV. Intellectual	1.		
Property Rights	2.		
V. Other	1.		
	2		
VI. Interests of close	1.		
family members	2.		