Declaration of Interests

First name
Siim

Surname
Tammer

Competent Authority / EU Institution
Finantsinspektsioon

Member State
Estonia

Current EIOPA involvement and position
at least 1 choice(s)
BoS Voting Member
BoS Alternate
BoS Permanent Representative
EEA EFTA Member
BoS Non-Voting Member
* 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

* 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

* 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
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.

<table>
<thead>
<tr>
<th></th>
<th>Period (from/to)</th>
<th>Organisation</th>
<th>Subject matter/Reasons why your independence may be/may not be impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2014-2025</td>
<td>Auditing Activities Oversight Council, Member of the Supervisory Board</td>
<td>Doing oversight over audit firms in Estonia, also the BIG4 companies. My independence is not impaired but I find it important to declare that position.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Are there any other Interests to declare?

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

☐ Yes
☐ No

Date

16/02/2024

Signature (please write your full name)

Siim Tammer

Background Documents

Conflict of Interest Policy

Contact

ethicsboard@eiopa.europa.eu