



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**

Siim

*** Surname**

Tammer

*** 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**

at least 1 choice(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

* 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.**

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1	2014-2025	Auditing Activities Oversight Council, Member of the Supervisory Board	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.
2			
3			
4			
5			

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

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

- Yes
- No

Date

Signature (please write your full name)

Background Documents

[Conflict of Interest Policy](#)

Contact

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