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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**

Renata

* **Surname**

Bagdoniene

* **Competent Authority / EU Institution**

Bank of Lithuania

* **Member State**

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

Lithuania

* **Current EIOPA involvement and position**

Minimum 1 selection(s)

Please select all the options applicable to you.

- [x] BoS Voting Member
- [ ] BoS Permanent Representative
- [ ] BoS EEA EFTA Member
- [ ] BoS Non-Voting Member (European Commission, ESRB, EBA, ESMA, EFTA Surveillance Authority)
- [ ] BoS Alternate

- [ ] BoS Observer
- [ ] MB Member
- [ ] MB Alternate
- [ ] MB Representative of the European Commission
- [ ] MB Observer

* **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

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* **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	2016 until now	Council of the State Company Deposit and investment insurance	Member
2			
3			
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

* **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

06/02/2025

Signature (please write your full name)

Renata Bagdoniene

Background Documents

Conflict of Interest Policy

Contact

ethicsboard@eiopa.europa.eu