



**Declaration of Interests**

<b>First Name</b>	ALBERTO
<b>Surname</b>	CORINTI
<b>Authority/ MS</b>	IVASS
<b>Current EIOPA involvement</b>	VOTING MEMBER OF THE BOARD OF SUPERVISORS



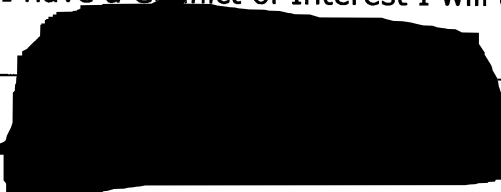
I declare that I have read the Decision of the Management Board on the Policy on Independence and Decision Making Processes for avoiding Conflicts of Interest (Conflict of Interest Policy) for Non-Staff [EIOPA-MB-13-055-Rev1] and that this declaration is truthful and complete.



I do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests<sup>1</sup> that create a Conflict of Interest<sup>2</sup> as defined in Article 1(2)(c) I have in respect of EIOPA's scope of action are those listed in the annex.



Whenever I have a Conflict of Interest I will alert EIOPA.

<b>Date:</b> 6/3/2020	<b>Signature:</b> 
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Please send a signed copy of this form to EIOPA's Ethics Officer [EthicsBoard@eiopa.europa.eu](mailto:EthicsBoard@eiopa.europa.eu)

<sup>1</sup> As defined in Article 1.2, a) and b)

<sup>2</sup> As defined in Article 1.2. c) A CoI Conflict of Interest being means a conflict between the public duty of EIOPA and private interests of an individual or interests of his/her close family members, in which an individual has private-capacity interests which could improperly influence the performance of his/her official duties and responsibilities or could compromise his/her impartiality, objectivity or independence.

**Annex**

*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 Interest	1. 2.		[Handwritten]
II. Membership	1. 2.		[Handwritten]
III. Employment or Consultancy	1. 2.		[Handwritten]
IV. Intellectual Property Rights	1. 2.		[Handwritten]
V. Other	1. 2.		
VI. Interests of close family members	1. 2.		