

## Annex II



### Declaration of Interests

<b>First Name</b>	GORAZD
<b>Surname</b>	ČIBEJ
<b>Authority/ Member State</b>	INSURANCE SUPERVISION AGENCY, SLOVENIA
<b>Current EIOPA Involvement</b>	



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-MB-20-064] 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.



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

Date: 7.10.2020	Signature: <b>signed</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)

### **Annex to Declarations 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).*

<b>Nature of conflict</b>	<b>Period (from /till)</b>	<b>Organisation</b>	<b>Subject matter/ Reasons why my independence may be impaired</b>
I. Economic Interest	1. 2. /		
II. Membership	1. 2. /		
III. Employment or Consultancy	1. 2. /		
IV. Intellectual Property Rights	1. 2. /		
V. Other	1. 2. /		
VI. Interests of close family members	1. 2. /		