

DECLARATION OF INTERESTS

First Name	ALBERTO
Surname	CORINTI
Authority/Institution/Agency	IVASS
Current EIOPA Involvement (Voting Member, Permanent Representative, EEA EFTA Member, Non-Voting Member, Observer)	VOTING MEMBER

I declare	e that I have read the Decision avoiding Conflicts of Interes	on adopting a Policy on	Independence and I	Decision Making
Processes for		est (Conflict of Interest	Policy) for Non-Staff	(EIOPA-BoS-22-
388) and th	at this declaration is truthful a	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.

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Date:	3	23	Signature:
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Please submit a signed copy of this form to EIOPA's Ethics Officer as requested

Annex to Declaration 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).

Nature of conflict	Period (from /till)	Organisation	Subject matter/ Reasons why my independence may be impaired
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.		