

Appendix 1: Declaration of Interest Form

This form is prepared in two parts to reflect and fulfil requirements of the following legislation and policy;

- The Code of Conduct & Conflict of Interest Policy Guidelines for Members of the Wiltshire Pension Fund Local Pension Board
- The General Data Protection Regulations 2016 & the Data Protection Act 2018
- The Public Services Pension Act 2013, Section 5.

Part 1 requires mandatory completion & is for public disclosure

Part 2 requires mandatory completion, is for retention by the Administering Authority & is not for public disclosure

PART 1 - For Public Disclosure

I, Paul Alan Smith

a member of the Wiltshire Pension Fund Local Pension Board (the "Board") declare that I, and to the best of my knowledge my spouse, civil partner or cohabitee hold the following financial or other interests **likely to be prejudicial to the exercise of my function as a member of the Board** (Please state none where appropriate).

1. Employment, office, trade, profession or vocation

You should disclose any employment, office (e.g. director or trustee), trade, profession or vocation carried on including the name and address of the employer/appointor.

Member

Spouse/Civil Partner/Cohabitee

None.

2. Contracts

You should detail any current contract under which goods or services are to be provided or works are to be executed and where any other party to the contract may be affected by the work of the Board.

Member

Spouse/Civil Partner/Cohabitee

None.

3. Securities

You should detail any beneficial interest in securities which may be a Relevant Interest where either the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital, or one hundredth of the total issued share capital of any class of shares issued.

Member

Spouse/Civil Partner/Cohabitee

None.

4. Disclosure of Gifts and Hospitality

You should reveal the name of any person from whom you have received a gift or hospitality with an estimated value of at least £50 which you have received in your capacity as a member of the Board.

Date of receipt of Gift/Hospitality	Name of Donor	Reason and Nature of Gift/Hospitality

None.