

Declaration of Interests

Fields marked with * are mandatory.

Declaration of Interest (Conflict of Interest Policy EBA/DC/2020/308 of 22/01/2020)

*** First name**

Ekaterini

*** Surname**

Korbi

*** Competent Authority / EU Institution**

Bank of Greece

*** Member State**

For the EU institutions members, please mention N/A

Greece

*** Current EBA involvement and position**

at least 1 choice(s)

Please select all the options applicable to you.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> AMLSC alternate | <input type="checkbox"/> BoS alternate | <input checked="" type="checkbox"/> MB alternate | <input type="checkbox"/> ResCo non-voting member |
| <input type="checkbox"/> AMLSC non-voting member | <input type="checkbox"/> BoS non-voting member | <input type="checkbox"/> MB member | <input type="checkbox"/> ResCo observer |
| <input type="checkbox"/> AMLSC observer | <input type="checkbox"/> BoS observer | <input type="checkbox"/> MB observer | <input type="checkbox"/> ResCo voting member |
| <input type="checkbox"/> AMLSC voting member | <input type="checkbox"/> BoS voting member | <input type="checkbox"/> ResCo alternate | |

*** I declare that I have read the Decision on Conflict of Interest Policy (EBA DC 2020/308 - 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 EBA's scope of action are those listed below**

Yes

*** I declare that whenever I have a Conflict of Interest I will inform the EBA**

Yes

*** Do you have any Economic Interests (as defined in Article 1.3(a) of the Conflict of Interest Policy) to declare?**

Yes

No

Please provide as many details as possible, including the amount and the value of the Economic Interests. Complete a row for each activity.

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* **Do you have any Membership** (as defined in Article 1.3(b) of the Conflict of Interest Policy) **to declare?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the 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			
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?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the 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			
2			
3			
4			
5			

* **Do you have any Intellectual property rights** (as defined in Article 1.3(d) of the Conflict of Interest Policy) **to declare?**

Yes

No

Please provide as many details as possible. Complete a row for each activity.

	Period (from/till)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* **Do you have any Interests of close family members** (as defined in Article 1.2(b) of the Conflict of Interest Policy) **to declare?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the full name, location, private or public nature and their role). **Complete a row for each activity.**

	Period (from/to)	Organisation	Subject matter/Reasons why your independence may be/may not be impaired
1			
2			
3			
4			
5			

* **Do you have any Institutional Conflict of Interest** (as defined in Article 1.3(f) of the Conflict of Interest Policy) **to declare?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the 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			
2			
3			
4			
5			

*** Do you have any Employment by a competent authority from a Member State withdrawing in accordance with Article 50 Treaty on European Union (TEU) to declare?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the 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			
2			
3			
4			
5			

*** Are there any other Interests to declare?**

Yes

No

Please provide as many details as possible (in the case of a body or employer, please provide the 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			
2			
3			
4			
5			

Date

21/09/2023

Signature (please write your full name)

Ekaterini Korbi

Background Documents

[Conflict of Interest Policy](#)

[EBA_DC_199_Rules_of_Procedure_on_Professional_Secrecy_for_Non-Staff.pdf](#)

Contact

ethics@eba.europa.eu