

Annex II to EBA Decision EBA/DC/2020/308

Declaration of Interest

First name: Thomas Worm

Surname: Andersen

Competent Authority: Danish FSA

Member State: DK

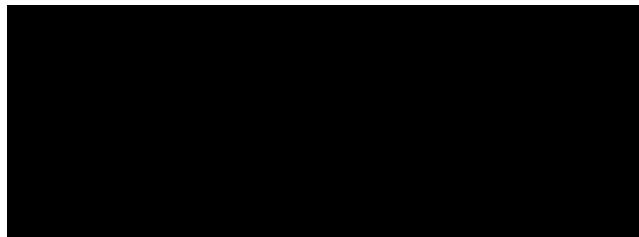
EU Institution: Choose:

Current EBA involvement: BoS

Position: Alternate

- I declare that I have read the Decision on Conflict of Interest Policy (EBA DC 2020/308) 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 Policy in respect of my activities which fall under the EBA's scope of action are those listed in the annex.
- Whenever I have a Conflict of Interest I will alert the EBA.

Signature



Date 10/02/2022

Annex to the Declaration of Interests

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/may not be impaired
	From	To		
I. Economic Interest				
II. Membership				
III. Employment or Consultancy				
IV. Intellectual Property Rights				

**V. Interests of close
family members**

**VI. Institutional
Conflict of Interest**

VII. Article 50 TEU

VIII. Other

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