

Declaration of Intention

First Name	KRZYSZTOF
Surname	OWCZAREK
Authority/ MS	BANK GUARANTEE FUND DANKOWY FUNDUSZ GWARANCYJNY
Current EBA involvement	Res Co Alternate



I hereby declare that I have read the EBA's Policy on Independence and Decision Making Processes for Avoiding Conflicts of Interest (Conflict of Interest Policy) for Non-Staff (EBA DC 2014 103) and that I am aware of my obligations.



I hereby agree and acknowledge as follows:

1. I am subject to the EBA Management Board Decision on Professional Secrecy and Confidentiality (EBA DC 004) of 12 January 2011 (applicable only to the persons identified in Article 1(1)(a) of the Conflict of Interest Policy).
2. "EBA Activities" includes (but is not limited to) activities related to my role and responsibilities at the EBA, including any attendance at any meeting whether or not with attendees who are not staff of the EBA; and the production or review of any documents.
3. "Confidential Information" means all information, facts, data and any other matters of which I acquire knowledge, either directly or indirectly, as a result of my EBA activities whether or not contained in a document of any kind (electronic or on paper or any other medium).
4. "Third party" means any legal or natural person other than the EBA, its staff and the parties of the ESFS¹.
5. I will treat all Confidential Information as information subjected to professional secrecy.

¹ Defined in Article 2(2) of the EBA Regulation

6. I will not disclose (or permit any other person to disclose) in any way to any third party any Confidential Information without the EBA's prior written consent.

7. I will not use (or permit any other person to use) any Confidential Information other than for the purposes of my work in connection with the EBA activities.

8. This undertaking shall not apply to any information that I can reasonably prove was known to me before the date of this undertaking or which becomes public knowledge otherwise than as a result of a breach of any of the above undertakings.

9. I acknowledge that improper disclosure of Confidential Information may constitute serious misconduct and I may be subject to disciplinary measures and may be required to make good, in whole or in part, any damage suffered by the Union as a result of such disclosure.

10. I shall continue to be bound by the terms of my declaration after the end of my involvement in the EBA's activities.

11. I acknowledge that, where improper disclosure of information is a criminal offence, I may be prosecuted for such disclosure before a court with relevant jurisdiction, which may include the court of a Member State of the Union.

I have read and understood this undertaking, and agree to its terms.

Date: 18/05/2020	Signature: 
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Please send a signed copy of this form to the EBA's Ethics Officer ethics@eba.europa.eu