



Declaration of Interests

First Name	<i>Alberto</i>
Surname	<i>Corinti</i>
Authority/ MS	<i>Istituto per la Vigilanza sulle Assicurazioni</i>
Current EIOPA involvement	<i>Voting Member of the Board of Supervisors Member of the Management Board</i>

- I declare that I have read the Decision of the Management Board on the Policy on Independence and Decision Making Processes for avoiding Conflicts of Interest (Conflict of Interest Policy) for Non-Staff [EIOPA-MB-13-055-Rev1] and that this declaration is truthful and complete.
- I do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests¹ that create a Conflict of Interest² as defined in Article 1(2)(c) I have in respect of EIOPA's scope of action are those listed in the annex.
- Whenever I have a Conflict of Interest I will alert EIOPA.

Date: 11/09/2018	Signature:
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*Please send a signed copy of this form to EIOPA's Ethics Officer
ethicsofficer@eioipa.europa.eu*

¹ As defined in Article 1.2, a) and b)

² As defined in Article 1.2. c) A CoI Conflict of Interest being means a conflict between the public duty of EIOPA and private interests of an individual or interests of his/her close family members, in which an individual has private-capacity interests which could improperly influence the performance of his/her official duties and responsibilities or could compromise his/her impartiality, objectivity or independence.

Annex

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.		