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Date: 05/09/2024 11:59:54



European Insurance and Occupational Pensions Authority

Declaration of Interests

Fields marked with * are	e mandatory.
Fields marked with * are	e mandatory.

* -11	st name
	Diana
. 0	
Su	rname
	Yordanova
· Co	mpetent Authority / EU Institution
	FSC
Me	ember State
_	or the EU institutions members, including the EFTA Surveillance Authority, please mention N/A
Fo	

Minimum 1 selection(s)

Please select all the options applicable to you.

- BoS Voting Member
- BoS Alternate
- BoS Permanent Representative
- EEA EFTA Member
- BoS Non-Voting Member

MB MemberMB Alternate
■ MB Alternate
■ MB Representative of the European Commission
■ MB Observer
Member of Panel (Breach of Union law)
Member of Panel (Mediation)
Member of Panel (Inquiry)
member of raner (maany)
*I declare that I have read the Decision on Conflict of Interest Policy (EIOPA-BoS-22-388 - 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 EIOPA's scope of action are those listed below Yes
*I declare that whenever I have a Conflict of Interest I will inform the EIOPA
Yes
*Do you have any Economic Interests (as defined in Article 1.3(a) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration.
Yes No
Yes
 Yes No * Do you have any Memberships (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes
 Yes No No Do you have any Memberships (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes No Do you have any Employment or Consultancy (as defined in Article 1.3(c) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes
 Yes No * Do you have any Memberships (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes No * Do you have any Employment or Consultancy (as defined in Article 1.3(c) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration.
 Yes No No Do you have any Memberships (as defined in Article 1.3(b) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes No Do you have any Employment or Consultancy (as defined in Article 1.3(c) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes

* Do you have any Interests of close family members (as defined in Article 1.2(b) of the Conflict-of-Interest Policy) to declare? Please consider the reference period of two years preceding the submission of this declaration. Yes No
* Do you have any other memberships of affiliations (as defined in Article 1.3(f) of the Conflict-of-Interest
Policy) to declare?
Please consider the reference period of two years preceding the submission of this declaration.
Yes
No
* Are there any other Interests to declare?
Please consider the reference period of two years preceding the submission of this declaration.
Yes
No
Date
05/09/2024
Signature (please write your full name)
Signature (please write your fail flame)
Diana Yordanova

Background Documents

Conflict of Interest Policy

Contact

ethicsboard@eiopa.europa.eu