

### DECLARATION OF INTERESTS

Name:

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	n/a
2.	Remunerated employment or offices	Community Pharmacy North East London
3.	Remunerated Consultancy(s)	n/a
4.	Remunerated work performed under contract	n/a
5.	Names of companies or other bodies in which I have an interest, either on my own account, my spouse or infant children, for a beneficial interest in shareholdings greater than the 10% of the share capital	n/a
6.	Remunerated contributions to professional and scientific publications	n/a
7.	Membership of other pharmaceutical bodies	GPhC

I agree to update this document at any time there is a change in my interests.

Signed:  Date: 26/03/2024