WEST YORKSHIRE FIRE AND RESCUE SERVICE LOCAL PENSION BOARD

DECLARATION OF INTERESTS

Section 5(4) of the Public Service Pensions Act 2013 (PSPA 2013) requires that any member of the Local Pension Board (LPB) must not have a conflict of interest ie. a "financial or other interest which is likely to prejudice the person's exercise of functions as a member of the board" (this does <u>not include</u> a financial or other interest arising merely by virtue of being a member of any connected scheme).

A conflict of interest exists where there is a divergence between the individual interests of a person and their responsibility towards the Local Pension Board, such that it may be reasonably questioned whether the actions or decisions of that person are influenced by their own interests.

Please answer all questions to ensure fulfilment of the "no conflict of interest" requirements of the PSPA 2013. Please also note that the information will be published on the Authority's website in a Reigster of Interests of LPB members.

1. Name (please print)	P. M. HARRAMD	
2. Are you currently in receipt of a FFPS pension?	Yes	No
3. If you are currently in paid employment please give details and nature of your employer. Leads Cly Cancil Leads		
b) Do you believe that your employment creates a potential conflict of interest with your role on the Local Pension Board?	Yes	(No)
4. Is any member of your immediate family employed by the financial services industry? Augustus wale for the financial services industry?	Yes	No
b) Do you believe that their employment creates a potential conflict of interest with your role on the Local Pension Board?	Yes	No
		June 2015

C. Diago detail below any other countries.		
5. Please detail below any other commitments, connections or responsibilities you may have which could be		
reasonably perceived to be relevant to your role on the Local Pension Board?		
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Declaration:		
I declare that the information given on this questionnaire is complete and correct to the best of my		
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knowledge.		
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Signed:		
0 0- 1 0		
Name: P. M. MAKRANY		
Name:		
Signed: Name: P. M. HARRAND Date: Date:		

This form should be returned to: The Monitoring Officer, WYFRA, Oakroyd Hall, Birkenshaw BD11 2DY or email to committee.services@westyorksfire.gov.uk

Received by Monitoring Officer (signed)
Dated Cottal Select