

Declaration of Interests

Please declare any interests which apply to you or, for pharmacy/NHS related interests only, to a member of your close¹ family or anyone else with whom you have a close personal connection².

Category	Please give details of any interest that applies to you	Please give details of any pharmacy or NHS-related interests of either a close family member or another close personal connection
Remunerated directorships of companies (public or private) and businesses owned personally or in partnership	-	PO HEALTHCARE (HOLDINGS) LTD & SUBSIDIARIES
Remunerated employment	-	
Remunerated consultancies, with list of clients in preceding 12 months	-	
Remunerated contributions to professional or scientific journals or websites etc	-	
Any other remunerated work not covered above	-	
Names of companies or other bodies in which I/my connected person have a shareholding interest greater than 10% of the share capital (either on my own or another's behalf)		PO HEALTHCARE (HOLDINGS) LTD & SUBSIDIARIES
Names of charities or other not for profit or voluntary organisations that I am involved with	-	-
Memberships of professional bodies	IPA, CPE, GPRC	

Name: Peter Gattec
 Signed: [Signature]
 Date: 08.07.25

¹ Such as spouse/partner, child, parent (or any other close family member)
² Such as business partner