

## Declaration of Interests

Please declare any interests which apply to you or, for pharmacy/NHS related interests only, to a member of your close<sup>1</sup> family or anyone else with whom you have a close personal connection<sup>2</sup>.

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	<b>Clinichem Pharmacy, 29 Upper Tachbrook Street, Victoria, London, SW1V1SN</b>	Clinichem Pharmacy, 29 Upper Tachbrook Street, Victoria, London, SW1V 1SN
Remunerated employment		
Remunerated consultancies, with list of clients in preceding 12 months	Victoria Medical Center, 29 Upper Tachbrook Street, Victoria, London, SW1V 1SN	
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)		
Names of charities or other not for profit or voluntary organisations that I am involved with		
Memberships of professional bodies	National Pharmacy Association	

Name:

Signed:

Date:

<sup>1</sup> Such as spouse/partner, child, parent (or any other close family member)

<sup>2</sup> Such as business partner