

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 | Prestwich Pharmacy Ltd, Nib's | N/A |
| Remunerated employment | GMICS | N/A |
| Remunerated consultancies, with list of clients in preceding 12 months | Capewells, Accord, Alliance Healthcare | N/A |
| Remunerated contributions to professional or scientific journals or websites etc | Nil | N/A |
| Any other remunerated work not covered above | Nil | N/A |
| 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) | Prestwich Pharmacy Ltd | N/A |
| Names of charities or other not for profit or voluntary organisations that I am involved with | Nil | N/A |
| Memberships of professional bodies | Royal Pharmaceutical Society General Pharmaceutical Council | N/A |

Name: Fin Mc Caul

Signed:

Date: 3rd Feb 2025



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

² Such as business partner