## **Pension Fund Conflict of Interest Form**



Cho Kith	
I, [insert full name], am:	(Tick as Appropriate)
a senior officer involved in the management	
Pension Committee Member	
Investment Subcommittee Member	
Local Pension Board Member	
of Leicestershire Pension Fund and I set out below my interests, which I am required to declare under Conflict of Interest Policy. I have put 'none' where any heading.	Leicestershire Pension Fund
Responsibilities or other interests that could result and continue overleaf if necessary):	in a conflict of interest (please list
A) Relating to me	
Member of LCC Pension	n Fund

B) Relating to your spouse's or civil partner

C) Disclosure of Gifts and Hospitality -You should reveal the name of any
person from whom you have received a gift or hospitality with an estimated
value of at least £50 which you have received within the last 12 months.

Date of receipt of Gift/Hospitality	Name of Donor	Reason and Nature of Gift/Hospitality		

## Undertaking

I declare that I understand my resp Conflict of Interest Policy. I underta	ponsibilities unde ake to notify the	er the Le Monitor	eicestersh ring Office	ire Pension Fund r of any changes	ť
in the information set out above.  Signed		Date _	13/6	12023	
Name (CAPITAL LETTERS)	CANE	<u> </u>			