Pension Fund Conflict of Interest Form



| I, Cllr Martin Brett Cartwright, am: | | | (Tick as Appropriate) | |
|---|-----------|--------|-----------------------------|--|
| • a senior officer involved in the management | | | | |
| Pension Committee Member | Yes | | | |
| Investment Subcommittee Member | | | | |
| Local Pension Board Member | | | | |
| of Leicestershire Pension Fund and I set out below under the appropriate headings my interests, which I am required to declare under Leicestershire Pension Fund Conflict of Interest Policy. I have put 'none' where I have no such interests under any heading. | | | | |
| Responsibilities or other interests that could res and continue overleaf if necessary): | sult in a | confli | ct of interest (please list | |
| A) Relating to me | | | | |
| Member of LCC Cllr Pension Scheme from 2007 until it was ceased | | | | |

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 | |
|-------------------------------------|---------------|---------------------------------------|--|
| | | | |
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| | | | |

Undertaking

I declare that I understand my responsibilities under the Leicestershire Pension Fund Conflict of Interest Policy. I undertake to notify the Monitoring Officer of any changes in the information set out above.

Signed M B Cartwright

Date 03.08.2023

Name CLLR MARTIN BRETT CARTWRIGHT