Pension Fund Conflict of Interest Form



I, [insert full name], am: Rosita Page	(Tick as Appropriate)
a senior officer involved in the management	
• a Pension Committee Member	
an Investment Subcommittee Member	
a Local Pension Board Member	Х
of Leicestershire Pension Fund and I set out below umy interests, which I am required to declare under Leicenflict of Interest Policy. I have put 'none' where I any heading.	eicestershire Pension Fund
Responsibilities or other interests that could result in and continue overleaf if necessary):	a conflict of interest (please list
A) Relating to me	
I am in receipt of a Local Government Pens	sion

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.

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

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	Date25 July 2023
Name (CAPITAL LETTERS)	MRS ROSITA PAGE