

Appendix 2 - Declaration of Interest Form

Bill Piper

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

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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 result in a conflict of interest (please list and continue overleaf if necessary):

A) Relating to me

None

B) Relating to your spouse's or civil partner

N/A

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
	<u>N/A</u>	

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

[Signature]

Date

8th June 2025

Name (CAPITAL LETTERS)

BILL PIPER

WILLIAM GEORGE KILSON PIPER