Pension Fund Conflict of Interest Form



I, [insert full name], am:		(Tick as Appropriate)			
• a senior officer involved	in the management				
Pension Committee Men	nber				
• Investment Subcommitte	ee Member				
• Local Pension Board Me	mber	x			
my interests, which I am re	equired to declare unde	w under the appropriate headings or Leicestershire Pension Fund ore I have no such interests under			
Responsibilities or other in and continue overleaf if ne		t in a conflict of interest (please list			
as Scrutiny Comm Highways Scruting Elected member a	nissioner, and sitting or y Committees) t Blaby District Counc r for the Open Univers HGEM	ty Council (with additional roles on the Environment and cil ity (active member of USS)			
B) Relating to your spou	se's or civil partner				
Employee of Bibby Financial Services					
Owner of home in Blaby					
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			

None						
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	_John Bloxham	Da	ıte	_02 September 2025		
Name (CAPITAL LETTERS)JOHN ANDREW BLOXHAM						