



HAUTE AUTORITÉ
POUR LA TRANSPARENCE
DE LA VIE PUBLIQUE

STATEMENT TYPE

LAST NAME OF THE DECLARANT

First name of the declarant

In capacity of : ...

Date of appointment or date of entry into office:

Statement given on:

Personal information:

Birth year:

Address:

Information declared on the public housing office *(if applicable)*

Number of units:

Information declared on the company *(if applicable)*

Annual turnover of the year preceding entry into office:

Name of the group the company belongs to:

1° Business activities, resulting in compensation or incentives, that were being performed as of the election or nomination date or during the past five years

Description	Compensation or incentive received
Employer: <i>from XXXX to XXXX</i> <i>Description</i> Comments:	<i>Amount of the compensation per year</i>

2° Consulting activities being performed as of the election or nomination date and during the past five years

Description	Compensation or incentive received
Employer: <i>from XXXX to XXXX</i> <i>Description</i> Comments:	<i>Amount of the compensation per year</i>

3° Holdings in the management bodies of public or private organizations or of a company, as of the election or nomination date or during the past five years

Description	Compensation or incentive received
Employer: <i>from XXXX to XXXX</i> <i>Description</i> Comments:	<i>Amount of the compensation per year</i>

4° Direct financial holdings in the capital of a company as of the election or nomination date

Description	Compensation or incentive received over the previous year
Company: <i>Assessment</i> Number of shares held: Proportion of the capital held: Comments:	<i>Amount per year</i>

5° Business activities performed as of the election or nomination date by the spouse, civil partner or common-law partner

Name	Business activity
<i>Name of the spouse</i>	Employer: <i>Description</i> Comments:

6° Volunteer positions that are likely to generate a conflict of interest

Identity of the structure or legal person	Description of activities and responsibilities
<i>Name of the structure</i>	<i>Description of activities</i> Comments:

7° Duties and elected offices being performed as of the election or nomination date

Description	Compensation, allowances and incentives received
<i>Description</i> <i>from XXXX to XXXX</i> Comments:	<i>Amount of the compensation per year</i>

8° Parliamentary staff members

Name	Description of other professional activities performed
<i>First name and last name</i>	Employer : <i>Description</i> Comments:

Comments

I the undersigned, certify on my honour that the information provided in this statement is accurate

Given at, on

Signature: Last name and first name of the declarant