

Conflicts of Interest Declaration Form

Please refer to the <u>UKRI Conflicts of Interest Policy</u> before completing this form. All fields must be completed. If there are no relevant interests to declare in a particular section, please enter 'None' on the form.

Name	Details
Primary Role/ Post with NC3Rs	Sponsor
Other Roles/ Services provided to NC3Rs and UKRI in addition to primary role	None
Professional memberships or affiliations	Employee of F. Hoffmann-La Roche Ltd.
Appointments, Employment, Directorships and consultancies with other organisations	Employee of F. Hoffmann-La Roche Ltd.
Roles in organisations receiving NC3Rs and/ or UKRI support where you receive Remuneration/ Benefits in-kind/ other income received.	None
Unremunerated involvement with relevant bodies	None
Direct investments (shareholdings, dependencies and/or other financial interests)	Employee of F. Hoffmann-La Roche Ltd.
Direct investments in organisations receiving NC3Rs and/or UKRI funding and/or support	None
Financial, pecuniary and non-financial links of close family members in above areas	None

I confirm that this is an accurate declaration of my outside interests and those of close family. I understand that failing to make an accurate declaration may be treated as a disciplinary matter by the NC3Rs or lead to termination of my contract with the NC3Rs.

I understand my responsibilities for providing an up-to-date and accurate declaration and confirm that this form captures my outside interests and those of my close family.

I note and ac	cept that the	information	provided he	ere will be	e published or	n the NC3Rs	s website a	and that i	t will be
retained in lir	ne with the No	C3Rs retenti	on policy.						

Accept

24.04.2024