Contribution ID: c7d1d70e-1c4c-4781-b3e5-219b7c7a0031

Date: 24/10/2025 07:16:44

## **Declaration of Intention**

Fields marked with * are mandatory.
Declaration of Intention
* First Name
Martina
*Surname
Verić
*Country and / or Authority  Croatia - Hrvatska agencija za nadzor financijskih usluga (HANFA)
* Current ESMA involvement
■ BoS
Management Board
<ul><li>□ CCP SC</li><li>□ CCP ResCo</li></ul>
Chair of a Standing Committee
* Management Board
member member
alternate
☐ Vice Chair (observer)
☑ I declare that I have read the Decision of the Board of Supervisors adopting a Policy on

Independence and Decision-Making Processes for avoiding Conflicts of Interest (Conflict of

undertake to comply with, my obligations.

Interest Policy) for Non-Staff (ESMA40-721492912-5110) of 5 June 2025 and that I am aware of, and

1

☑ I declare that I have read the Management Board Decision on Rules of Procedure on Professional Secrecy for Non-Staff (ESMA40-1432018523-304) of 25 January 2017 and that I am aware of, and undertake to comply with, my obligations.

## I hereby agree and acknowledge as follows:

- 1. "ESMA Information" means all oral or written information, facts, data and any other matters, of which persons referred to in Article 1(2) of the Management Board Decision on Rules of Procedure on Professional Secrecy for Non-Staff acquire knowledge, directly or indirectly, as a result of their ESMA activities whether or not contained in a document of any kind (electronic or on paper or any other medium) that is proprietary to or possessed by ESMA and has not been made public by ESMA.
- 2. "Unauthorised Disclosure of ESMA Information" means the act of intentionally or unintentionally disclosing ESMA Information to unauthorised recipients.
- 3. I will treat all ESMA Information except for information classified as "PUBLIC" or information which has already been made public – as subject to the Management Board Decision on Rules of Procedure on Professional Secrecy for Non-Staff, and I undertake not to make any Unauthorised Disclosure of ESMA Information.

*	n	al	bo

\* Signature (please write your full name):

## **Background Documents**

Conflict of Interest Policy

Record on the processing of personal data - Conflicts of Interest and Ethics

## Contact

**Contact Form**