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Declaration of Intention 2026

Fields marked with * are mandatory.

Declaration of Intention

*** First Name**

Oliver

*** Surname**

Schuetz

*** Country and / or Authority**

Austria - Finanzmarktaufsicht (FMA)

*** Current ESMA involvement**

- [x] BoS
- [ ] Management Board
- [ ] CCP SC
- [ ] CCP ResCo
- [ ] Chair of a Standing Committee

*** BoS**

- [x] voting member
- [ ] non-voting member
- [ ] alternate of a voting member
- [ ] alternate of a non-voting member

- [x] **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 Interest Policy) for Non-Staff (ESMA40-721492912-5110) of 5 June 2025 and that I am aware of, and undertake to comply with, my obligations.**

☑ **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.

* **Date**

22/11/2026

* **Signature (please write your full name):**

Oliver Schuetz

Background Documents

Conflict of Interest Policy

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

Contact

Contact Form