

Declaration of Interests (DoI) 2025

Fields marked with * are mandatory.

Declaration of Interests (DoI)

*** First Name**

Birgit

*** Surname**

Puck

*** Country and / or Authority**

Austria - Finanzmarktaufsicht (FMA)

*** Current ESMA involvement**

- ☒ BoS
- ☒ Management Board
- ☐ CCP SC
- ☐ CCP ResCo
- ☐ Chair of a Standing Committee

*** BoS**

- ☐ voting member
- ☐ non-voting member
- ☒ alternate of a voting member
- ☐ alternate of a non-voting member

*** Management Board**

- ☐ 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 for Non-

Staff (Conflict of Interest Policy) (ESMA40-134-3263) of 7 July 2022 and that I am aware of my obligations.

- * Do you or any of your close family members have any interests subject to ESMA's direct supervision (see also Article 1(3) of the Conflict of Interest Policy) to declare? Please tick all that apply.**

Conflict of interest means a conflict between the public duty of ESMA and any interests of an individual, interests of his/her close family members or of his/her employer, which could improperly influence the performance of his/her official duties and responsibilities, including the duty to act in the sole interest of the Union as a whole, or could compromise his/her impartiality, objectivity or independence.

Close Family Members include partners or persons dependent on you (spouse/partner/dependent family member), see Article 1(2)(b) of the Conflict of Interest Policy.

- ☐ **Holding of Financial Instrument:** Do you or any close family members hold any financial instrument relating to financial market participants that are subject to ESMA's direct supervision (see also Article 1(3)(a) of the Conflict of Interest Policy)?
- ☐ **Membership:** Are you or any close family members a member of a managing body or equivalent structure (meaning any participation in an internal decision-making body (e.g. board membership, directorship) of a financial market participant directly supervised by ESMA, or a trade association of such persons (see also Article 1(3)(b) of the Conflict of Interest Policy).
- ☐ **Employment or Consultancy:** Are you or any close family members in employment or consultancy in or to any financial market participant directly supervised by ESMA, or a trade association of such persons (see also Article 1(3)(c) of the Conflict of Interest Policy)?
- Employment or Consultancy** mean any form of regular, occasional or ad hoc occupation or business, part-time or full-time, paid or unpaid, including self-employment for such persons as well as services provided on an honorary basis (i.e. for free or without the payment of fees or emoluments) and any advice related to products, their development and/or assessment methods thereof.
- ☒ **No interests:** My close family members and I have no interests subject to ESMA's direct supervision to declare.

- * Do you or any of your close family members have any other interests to declare in accordance with Article 1(4) of the Conflict of Interest Policy? Please tick all that apply:**

- ☐ **Economic Interest:** Do you or any of your close family members have any economic interest in the form of an economic stake or share in a body, in particular in any (not directly supervised) financial market participant, carrying out any of the activities falling under ESMA's scope of action, including the stocks, equities or bonds thereof, or of one of its subsidiaries or of a company in which it has a holding, that may impair your independence/lead to a conflict of interest (this does not include personal insurance policies, collective investment funds or deposits contracted as a regular customer. See also Article 1(4)(a) of the Conflict of Interest Policy)?
- ☐ **Membership:** Do you or any of your close family members have a membership of a managing body or equivalent structure or a trade association (meaning any participation in an internal decision-making body, e.g. board membership, directorship) of a (not directly supervised) public or private entity, carrying out any of the activities falling under ESMA's scope of action, or a trade association of such persons, that may impair your independence/lead to a conflict of interest (see also Article 1(4)(b) of the Conflict of Interest Policy)?
- ☐ **Employment or Consultancy:** Are you or any of your close family members in employment or consultancy, in or to any (not directly supervised) legal or natural person carrying out any of the activities falling under ESMA's scope of action, or a trade association of such persons, that may impair your independence/lead to a conflict of interest (see also Article 1(4)(c) of the Conflict of Interest Policy)?

☐ **Intellectual Property Rights:** Do you or any of your close family members hold intellectual property rights that may impair your independence/lead to a conflict of interest (see also Article 1(4)(d) of the Conflict of Interest Policy)?

Intellectual Property Rights are rights on the subject matter granted to creators and owners of works that are the result of human intellectual creativity and may lead to a financial gain.

☐ **Other:** Do you or any of your close family members have any other membership or affiliation in or to anybody carrying out any of the activities on which ESMA's outputs impact, including professional organisations, that may impair your independence/lead to a conflict of interest (see also Article 1(4)(e) of the Conflict of Interest Policy)?

☒ **No interests:** My close family members and I have no interests to declare.

☒ **I do hereby declare on my honour that, to the best of my knowledge, the only interests (as defined in Article 1(2)(a) and (b) of the Conflict of Interest Policy) that create a conflict of interest as defined in Article 1(2)(c) of the Conflict of Interest Policy in respect of my activities which fall under ESMA's scope of action are those listed above.**

☒ **Whenever I have a conflict of interest, I will alert ESMA.**

*** Date**

17/01/2025

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

Dr. Birgit Puck

Background Documents

[Conflict of Interest Policy](#)

[Record on the processing of personal data - Conflicts of Interest and Ethics](#)

Contact

[Contact Form](#)

