

Declaration of Intention

First Name	VASILIKI (Dr)
Surname	LAZARAKOU
Authority/ MS	HELLENIC CAPITAL MARKET COMMISSION (HCMC)/GREECE
Current ESMA involvement	BoS Member

✓ **I declare that I have read the Decision of the Management Board on Conflict of Interest Policy (ESMA/2014/MB/60) and that I am aware of my obligations.**

✓ **I hereby agree and acknowledge as follows:**

1. I am subject to ESMA Management Board Decision on Professional Secrecy and Confidentiality (ESMA/2011/MB/4) of 11 January 2011 (applicable only to the persons identified in Article 1(1)(a) of the Conflict of Interest Policy).
2. “ESMA Activities” includes (but is not limited to) activities related to my role and responsibilities at ESMA, including any attendance at any meeting whether or not with attendees who are not staff of ESMA; and the production or review of any documents.
3. “Confidential Information” means all information, facts, data and any other matters of which I acquire knowledge, either directly or indirectly, as a result of my ESMA activities whether or not contained in a document of any kind (electronic or on paper or any other medium).
4. “Third party” means any legal or natural person other than ESMA, its staff and the parties of the ESFS¹.
5. I will treat all Confidential Information as information subjected to professional secrecy.
6. I will not disclose (or permit any other person to disclose) in any way to any third party any Confidential Information without ESMA’s prior written consent.
7. I will not use (or permit any other person to use) any Confidential Information other than for the purposes of my work in connection with ESMA activities.

¹ Defined in Article 2(2) of ESMA Regulation



8. This undertaking shall not apply to any information that I can reasonably prove was known to me before the date of this undertaking or which becomes public knowledge otherwise than as a result of a breach of any of the above undertakings.
9. I acknowledge that improper disclosure of Confidential Information may constitute serious misconduct and I may be subject to disciplinary measures and may be required to make good, in whole or in part, any damage suffered by the Union as a result of such disclosure.
10. I shall continue to be bound by the terms of my declaration after the end of my involvement in ESMA's activities.
11. I acknowledge that, where improper disclosure of information is a criminal offence, I may be prosecuted for such disclosure before a court with relevant jurisdiction, which may include the court of a Member State of the Union.

I have read and understood this undertaking, and agree to its terms.

Date:	Signature:
10.9.2019	signed

Please send a ~~signed~~ copy of this form to ESMA's Ethics Officer at ethics@esma.europa.eu