

**Appendix C**  
**CODE OF CONDUCT – DECLARATION OF INTERESTS**

**Name:** LOREDANA PINTILIE

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	N/A
2.	Remunerated employment or offices	N/A
3.	Remunerated Consultancy(s)	N/A
4.	Remunerated work performed under contract	FULL TIME PHARMACIST LLOYDSPHARMACY
5.	Names of companies or other bodies in which I have an interest, either on my own account, my spouse or infant children, for a beneficial interest in share holdings greater than the 10% of the share capital	N/A
6.	Remunerated contributions to professional and scientific publications	N/A
7.	Names of charities, not for profit and/or voluntary sector organisations in the field of health and social care or that contract for NHS services that I or my spouse have involvement with.	N/A
8.	Other sources of income or pecuniary support relevant to my membership of Community Pharmacy Humber	N/A
9.	Membership of other pharmaceutical bodies	RPS

I agree to update this document at any time there is a change in my interests