

Corporate Governance

CODE OF CONDUCT – DECLARATION OF INTERESTS

Committee Members Name : ______ Shiraz Mohamed

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	MORNICREST LTD
2.	Remunerated employment or Office	Mornicrest Ltd
3.	Remunerated Consultancy(s)	None
4.	Remunerated work performed under contract	None
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)	None
6.	Remunerated contributions to professional and scientific publications	None
7.	Other sources of income or pecuniary support relevant to my membership of the LPC	None
8.	Membership of other pharmaceutical bodies	Royal Pharmaceutical Society

_____10/08/2023 ______Date:_____

Signed:

APPENDIX 2

Corporate Governance

CONFIDENTIALITY AGREEMENT FOR PLBOARD MEMBERS

Committee Members Name:

I understand that as a Community Pharmacy KCW committee member I may have sight of or acquire information that will be commercially sensitive or may for other reasons be information that CP KCW or the pharmacy contractor(s) to whom the information relates would not wish to be communicated to third parties.

I acknowledge my obligation to ensure that I do not make use of any such information for purposes other than those of CP KCW. I further acknowledge that all information received from or about contractors that relates to their business and financial affairs may not be disclosed to anyone without the express consent of the contractor to whom it relates, in which case the disclosure will be through the CP KCW Chief Officer.

I will make full disclosure to CP KCW of all appointments or offices held by me and I will consult CP KCW prior to accepting any appointment or office that may reasonably be thought to be relevant to my membership of the CP KCW.

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Signed: _			

10/09/2023

Date: _____