



DECLARATION OF INTERESTS
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

Surname: <i>Inde</i>	Forenames in full: <i>Nail Richard</i>
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I hereby certify that, to the best of my knowledge and belief, this Declaration of Interests gives full and complete particulars, as at the date of this declaration, of all matters which I am required to declare, as a Member of the States of Deliberation, pursuant to Rules 29 and 36 of the Rules of Procedure of the States of Deliberation and their Committees or as a person who is a non-States member of a States' Committee pursuant to Rule 46.

I understand that I am required to declare interests or benefits of which I am aware received by my spouse, co-habiting partner or infant children.

I further understand that this form is a public document and will be published on the States' website.

Signature: <i>[Handwritten Signature]</i>	Date: <i>14/5</i>
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This form must be returned to Her Majesty's Greffier
not later than the 31st May 2019.

For use by H. M. Greffier:

Date return received:



PART 1
Employment

Enter 'none' in box if there
is no interest to declare

<i>Name and address of each Employer</i>	<i>Brief description of the business/work</i>

PART 2
Directorships

Enter 'none' in box if there
is no interest to declare

<i>Name and address of each Company</i>	<i>Brief description of the business/work</i>

PART 3
Partnerships

Enter 'none' in box if there
is no interest to declare

<i>Name and address of each Partnership</i>	<i>Brief description of the business/work</i>

PART 4
Offices Held

Enter 'none' in box if there
is no interest to declare

Name and address of each Office held	Brief description of the business/work

PART 5
Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work not declared in Parts 1-4

Enter 'none' in box if there
is no interest to declare

Brief description of the business/work	Name and address of any person or entity from whom you receive payment or benefit which forms a significant portion of either your income from this work or your total income
Hostelry s/ent-ering	Self entering x 2 (Residence) Self entering x 1 (St-Sauveur)

PART 6
Real Property situated in the Bailiwick

Enter 'none' in box if there
is no interest to declare

Address of each Property	State whether owned, leased, rented or held in trust	Purpose for which Property is held
L'EPINE, RUE DE CHADRONNET, VILLE L'EUENNEY	OWNED	

PEREVE CONAGE
RUE DES CRABES OWNED
ST-SAULOUX.

Company Shareholdings

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Trusts (excluding Professional Trusteeships)

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[illegible]

PART 9

Payments received for Public Speaking

Enter 'none' in box if there
is no interest to declare

Name and address of each organisation from which a payment was received in the period from 1 st May 2018 to 30 th April 2019 §	Brief description of the function at which the speech was made

§ This section does not apply to Members who were not in office during the relevant period.

PART 10

Other Gifts, Benefits and Hospitality Received

Enter 'none' in box if there
is no interest to declare

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1st May 2018 to 30th April 2019 § which are of a value greater than 1% of basic allowance payable to States Members

Nature of gift or benefit:	
By whom received:	
Name of donor or benefactor:	
Value of gift or benefit:	
If gift was money or a tangible item state date that money or item was transferred or delivered to the States	

§ This section does not apply to Members who were not in office during the relevant period.

PART 11
Any Other Interests

Enter 'none' in box if there
is no interest to declare

Declare here any other interest or benefit received which, whilst not required to be registered under Parts 1-10 might reasonably be perceived by other persons to influence actions as an elected Member of the States.

TAXI PLATE HOLDER

Part 12
Employment by the States of close Family Members

Enter 'none' in box if there
is no interest to declare

Declare here the name, familial relationship, job title and usual place of work of any of the following who is an employee of the States, that is to say parent, spouse, cohabiting partner, child, grandchild or sibling.

CONTINUATION SHEETS

If there was insufficient space provided in any Part of this form please add a continuation sheet.

Are any continuation sheets attached?

YES / NO

If yes, specify number of sheets