

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

Surname:	Forenames in full:	
ST. PIER	GAVIN ANTHONY	
gives full and complete particular am required to declare, as a Mem 36 of the Rules of Procedure of person who is a non-States member of the Rules of Procedure of person who is a non-States member of the Rules of Procedure of person who is a non-States member of the Rules of Procedure of the Rules of th	rs, as at the date of hber of the States of the States of Delib- per of a States' Common declare interests or r or infant children.	nd belief, this Declaration of Interests this declaration, of all matters which I Deliberation, pursuant to Rules 29 and eration and their Committees or as a nittee pursuant to Rule 46. benefits of which I am aware received ent and will be published on the States'
Signature:	7	Date: 27th July 2023
This form must be returned to the	ne States' Greffier no	t later than the 31 st July, 2023
For use by the States' Greffier:	EN THEOLOGICAL CONTROL OF STATE OF SHARE THE CONTROL OF STATE OF S	
Date return received:		

Part 1 Employment

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

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

PART 2 Directorships

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

Name and address of each Company	Brief description of the business/work
Sorel Investments Limited (Self & Spouse)	Investment and property holding
Chadhurst Limited	Private trust company acting as trustee
above two at Les Quartiers Farm, Route des Quartiers, St. Sampson, GY2 4GB	
1Edge Insurance PCC Limited, Suite 1 North, Albert House, St. Peter Port, GY1 1AJ	General insurance

Part 3
Partnerships

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

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

Part	4	
Offic		ماہ

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

Name and address of each Office held	Brief description of the business/work
Guernsey Community Foundation LBG Perkins Suite, KGV, Rue Cohu, Castel, GY5 7SZ	Spouse is a director of this Guernsey charity
Guernsey Chamber of Commerce LBG Business Development Centre, Markets Inner Street, St Peter Port, GY1 1HE	Spouse is a director of this business representative body
Dignity in Dying LBG, 181 Oxford Street, London, W1D 2JT	Director, not-for-profit membership organisation campaigning across the British Isles for the option of assisted dying for terminally ill, mentally competent adults

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
Columnist, Jersey Evening Post	Le Gallais Chambers 54 Bath Street St Helier Jersey

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
Les Quartiers Farm, Route des Quartiers, St. Sampson	Held in trust	Principal place of residence
7 Fauville Drive, Route des Capelles, St Sampson	Held in trust	Investment property for letting

PART 7

Company Shareholdings

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

Name and address of each Company

- 1. Sorel Investments Limited
- 2. Chadhurst Limited

All of Les Quartiers Farm, Route des Quartiers, St. Sampson

In respect of companies listed above where the holding is over 10% of the issued share capital, give a brief description of their business/work and state what real property, if any, they hold (either directly or indirectly) in the Bailiwick.

 Investment Holding: 7 Fauville Drive, Route des Capelles, St. Sampson and Les Quartiers Farm, Route des Quartiers, St. Sampson Enter 'none' in box if there is no interest to declare

Name and address of each Trust	State whether as beneficiary or trustee
The St. Pier Retirement Annuity Trust Scheme	Trustee and beneficiary
The St. Pier Family Discretionary Settlement	Trustee and beneficiary
The Dorking Settlement	Trustee (acting through Chadhurst Limited)

Payments received for Public Speaking

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

Name and address of each organisation from which a payment was received in the period from 1st July 2021 to 30th June 2022 §

§ 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 None is no interest to declare

Declare all gifts and material benefits received by you, a close family member or associate in the period from 16th October 2020 to 30th June 2021 § 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.

Beneficial interest in a shareholding in the Guernsey Investment Fund PCC Limited – GIF Technology & Innovation Cell (in which the States of Guernsey is also an investor.)

Beneficial interest in a shareholding in the RED fund Limited (which has interests in a number of Guernsey real estate sites.)

Part 12 Employment by the States of close Family Members

Enter 'none' in box if there none 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?	NO
	If yes, specify number of sheets