




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

<i>Surname:</i> Niles	<i>Forenames in full:</i> Andrew James
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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.

<i>Signature:</i> 	<i>Date: 19th December 2022</i>
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**This form must be returned to Her Majesty's Greffier
not later than the 31st January, 2021**

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>
Charter Consulting Limited L'Abri, Les Nicolles, Forest, Guernsey GY8 0AE Blue Financial Limited 2 Cornet Street, St Peter Port, Guernsey, GY1 1BZ	Advising and consulting to boards, family offices, external management consulting firms, global corporates and investment funds. Fintech Guernsey operating company

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>
Charter Consulting Limited L'Abri, Les Nicolles, Forest, Guernsey GY8 0AE Blue Financial Limited 2 Cornet Street, St Peter Port, Guernsey, GY1 1BZ	Remunerated - Advising and consulting to boards, family offices, external management consulting firms, global corporates and investment funds. Remunerated - Fintech Guernsey Operating Company

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>
None	

PART 4
Offices Held

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

<i>Name and address of each Office held</i>	<i>Brief description of the business/work</i>
STEP Guernsey L'Abeurveux, La Villiaze Lane, St Andrews Guernsey, GY6 8YH	Honorary Secretary

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

<i>Brief description of the business/work</i>	<i>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</i>
None	

PART 6

Real Property situated in the Bailiwick

Enter 'none' in box if there is no interest to declare	
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<i>Address of each Property</i>	<i>State whether owned, leased, rented or held in trust</i>	<i>Purpose for which Property is held</i>
L'Abri, Les Nicolles, Forest, Guernsey GY8 0AE	<i>Owned</i>	<i>Principal Residence</i>
Charter House, 7 Constitution Steps, St Peter Port, Guernsey GY1 2PN	<i>Owned</i>	<i>Investment for letting</i>
<i>La Platte Rocque, Torteval – Cadastre ref GO/0433/000</i>	<i>Owned</i>	<i>Investment/Agriculture</i>
<i>Route De La Maladerie, St Saviour – Cadastre ref EO/0851/000</i>	<i>Owned</i>	<i>Investment/Agriculture</i>
<i>Route De La Maladerie, St Saviour – Cadastre ref EO/0852/000</i>	<i>Owned</i>	<i>Investment/Agriculture</i>

PART 7

Company Shareholdings

Enter 'none' in box if there is no interest to declare	
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<i>Name and address of each Company</i>
Charter Consulting Limited L'Abri, Les Nicolles, Forest, Guernsey, GY8 0AE Blue Financial Limited 2 Cornet Street, St Peter Port, Guernsey, GY1 1BZ

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.

Charter Consulting Limited - Advising and consulting to boards, family offices, external management consulting firms, global corporates and investment funds.

PART 8

Trusts (excluding Professional Trusteeships)

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

<i>Name and address of each Trust</i>	<i>State whether as beneficiary or trustee</i>
Luxor Family Trust San Michelle, Robergerie Lane, St Sampsons, Guernsey GY2 4NE	Trustee

PART 9

Payments received for Public Speaking

Enter 'none' in box if there is no interest to declare	
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Name and address of each organisation from which a payment was received in the period from 1 st June 2019 to 15 th October 2020 §	Brief description of the function at which the speech was made
None	

§ 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	
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Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 st June 2019 to 15 th October 2020 § which are of a value greater than 1% of basic allowance payable to States Members	
Nature of gift or benefit:	None
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	
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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.

None

PART 12

Employment by the States of close Family Members

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

None

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
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