

Date: 27.10, 2023

## **DECLARATION OF INTERESTS**

The undersigned 4 responsibility under p	enalties of applicable la	_ <function>, hereby aw for false statement,</function>	
	interests, as well as n	nies, national compani nember in associations	
UNIT	Quality	No of social parts or	Total value of social
Name and address		shares	parts and/or shares
1.1			·
2. I am a member in the governing, managing and control bodies of the companies, autonomous administrations, national companies, credit institutions, groups of economic interest, associations or foundations or other non-governmental organizations:			
UNIT Name and address	Quality	Value of benefits	
2.1			
3. I am a member within the professional associations and/or trade unions			
3.1			
3.2			
4. I am as member in the governing, managing and control bodies, remunerated or			
unpaid, held within the political parties, position held and name of the political party			
4.1			
4.2			
I am responsible, according to the penal law, for the inaccuracy or incompleteness of the			
mentioned data.			

Surname, First name

TOMA FLORIN

signature