

ANNEX I – DECLARATION OF CONFIDENTIALITY AND CONFLICT OF INTEREST FOR

Name: LAURENT MUSCHEL

Professional Address: [REDACTED]

Phone: [REDACTED]

E-mail: [REDACTED]

Position: DEPUTY HEAD HERA

Chairperson of the Governing Board

Representative/lead delegate/alternate of the Commission

Representative/lead delegate/alternate of the EDCTP Association

Member of the Scientific Committee

Member of the Stakeholders Group

Other (please specify)

I hereby declare to have received a copy of the Global Health EDCTP3 Joint Undertaking rules on confidentiality and conflict of interest and to have taken knowledge of the obligations for me deriving from these rules based on my position in the governance of the Global Health EDCTP3 Joint Undertaking.

I hereby undertake to act in the performance of my duties in the general interest of the Global Health EDCTP3 Joint Undertaking.

At each meeting of the Governing Board or, if relevant, before any decision is taken by written procedure, I shall declare any interest which might be considered to influence or bias my judgment and therefore be prejudicial to the way an item on the agenda is handled.

I undertake to ensure the confidentiality of sensitive information whose disclosure could damage the interests or the reputation of the Global Health EDCTP3 JU, the Members of the Global Health EDCTP3 JU or of the participants in the activities of the Global Health EDCTP3 JU.

I shall not disclose sensitive information learnt during the activities of the Global Health EDCTP3 JU even after my duties have ended.

Done at [place], [date]

Name and Signature

[REDACTED]

ANNEX II – DECLARATION OF INTERESTS FOR

Name: LAURENT MUSCHEL

Professional Address: [REDACTED]

Phone: [REDACTED]

E-mail: [REDACTED]

Position: DEPUTY HEAD HERA

Chairperson of the Governing Board

Representative/lead delegate/alternate of the Commission

Representative/lead delegate/alternate of the EDCTP Association

Member of the Scientific Committee

Member of the Stakeholders Group

Other (please specify)

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interest(s) I have in the global health research sector is/are those listed below:

1. Past activities:

[posts held over the last 5 years in foundations or similar bodies, educational institutions, companies or other organisations (the nature of the post and the name of those bodies should also be indicated); other membership/affiliation or professional activities held over the last 3 years, including services, liberal professions, consulting activities, and relevant public statements.]

2. Current activities:

Posts held in foundations or similar bodies, educational institutions, companies or other organisations (the nature of the post and the name of those bodies should also be indicated); other membership/affiliations or professional activities, including services, liberal profession, consulting activities, and relevant public statements.

No current activities

Current activities

3. Current Financial Interests

Above a certain minimum threshold [value of EUR 10,000], any direct financial interests, (managerial stakes in companies, including ownerships of patents or any other relevant intellectual property rights), or assets (shares and/or securities held in companies) or grants or other funding which might create a conflict of interests in the performance of their duties, with an indication of their number and value, as well as the name of the company/provider of the grant/funding.

No interest declared

Interest(s) []

4. Any other relevant interests.

No interest declared

Interest(s) []

5. Family Member Interest

Spouse's/partner's/dependent family members' current activity and financial interests that might entail a risk of conflict of interest.

No interest declared

Interest(s) []

If interest(s) declared, spouse's/partner's/dependent family members' name [..]

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically by the Global Health EDCTP3 Joint Undertaking.

[For members of one of the governance bodies of the Global Health Joint Undertaking, the Executive Director or a staff member, this annual declaration is made on:]

Done at [place], [date]

Name and Signature

