



Declaration of Interest

I, the undersigned (name of the person)

Date of birth
Place of birth
Nationality
Resident in
Office Address
Email
Tel:

hereby declare that I **do not have or pursue any personal interests and I am independent** of authorities, political parties, the pharmaceutical industry.

I also understand that I may be suspended from the Legal Network for Cancer Patients for having provided inaccurate or incomplete information regarding the above.

Printed name and signature

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Date