

Name: Sam Arnold

Signed: 

Date: 2/4/25

1.	<b>Main employment:</b> Please give the name and address of your main employer/partnership or indicate if Self-employed.	<u>Rowlands / Phoenix Healthcare</u> <u>Rivington Rd</u> <u>Wat 305</u>
2.	<b>Remunerated Directorships:</b> Please give details of any company of which you are or have been, an Executive Director or Non-Executive Director in the last 5 years.	<u>N/A</u>
3.	<b>Other Remuneration:</b> Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.	<u>N/A.</u>
4.	<b>Benefits in kind:</b> Please give details of any benefits in kind received from pharmaceutical companies in the last 5 years. Exclude articles of low intrinsic value eg, diaries, pens etc and modest hospitality.	<u>N/A</u>
5.	<b>Significant Financial Interest:</b> Names of companies or other bodies in which you have an interest, either on my own account, my spouse or infant children, for a beneficial interest in share holdings greater than the 10% of the share capital	<u>N/A</u>
6.	<b>Membership of Public Bodies:</b> Please give the name and address of any Local or Health Service Body of which you are a member or from whom you receive remuneration.	<u>N/A</u>
7.	<b>Other Organisations:</b> Please give details of any organisation with which you are involved which could impact on decisions of the committee or your contribution to the decision-making process.	<u>N/A.</u>