

Name: STEPHEN THOMAS

Signed: S Thomas

Date: 2/4/25

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| 1. | Main employment: Please give the name and address of your main employer/partnership or indicate if Self-employed. | L. Rowland & Co (Retail) Ltd t/a Rowland Pharmacy |
| 2. | Remunerated Directorships: 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. | None |
| 3. | Other Remuneration: Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member. | None |
| 4. | Benefits in kind: 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. | None |
| 5. | Significant Financial Interest: 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 | None |
| 6. | Membership of Public Bodies: 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. | RPS |
| 7. | Other Organisations: 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. | CCA CPE CPW RPS GPLC |