



**DECLARATION OF INTERESTS**

**NAME:** Olabimpe Kunlipo

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	Sinora Pharm Ltd
2.	Remunerated employment or offices	N/A
3.	Remunerated Consultancy(s)	N/A
4.	Remunerated work performed under contract	N/A
5.	Names of companies or other bodies in which I 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	Sinora Pharmacy
6.	Remunerated contributions to professional and scientific publications	N/A
7.	Other sources of income or pecuniary support relevant to my membership of the LPC	N/A
8.	Membership of other pharmaceutical bodies	N/A



**Community  
Pharmacy  
Kent**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

15/5/24