

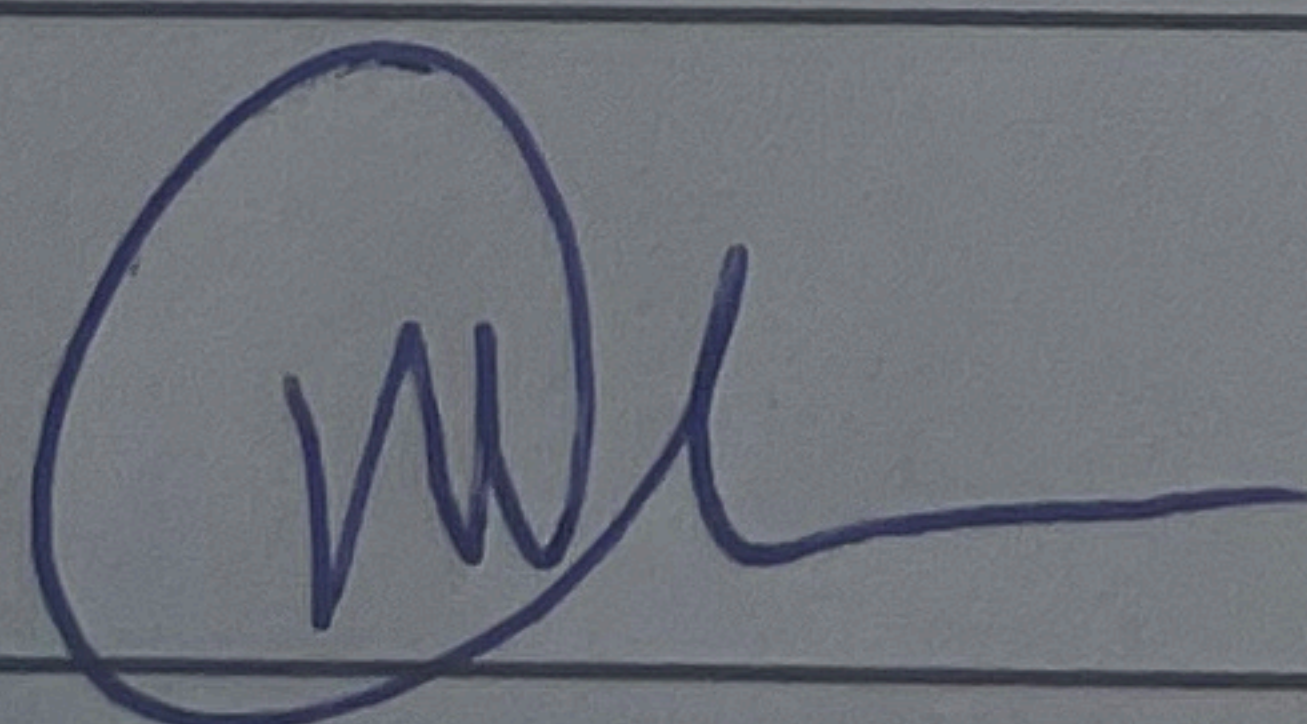
DECLARATION OF INTERESTS

NAME:

SUNIL CHOPRA.

1.	Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership	CHOPRAS PHARMACY LTD. ACE DENTAL LTD
2.	Remunerated employment or offices	OFFICES
3.	Remunerated Consultancy(s)	N/A.
4.	Remunerated work performed under contract	CHOPRAS PHARMACY
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	CHOPRAS ACE DENTAL EXTREME DENTAL
6.	Remunerated contributions to professional and scientific publications	PSNC NPA AVILENNA
7.	Other sources of income or pecuniary support relevant to my membership of the LPC	
8.	Membership of other pharmaceutical bodies	RPS NPA AVILENNA

Signed:



Date:

14/5/24