

Declaration of Interests

Please declare any interests which apply to you or, for pharmacy/NHS related interests only, to a member of your close family (such as spouse/partner, child, parent or any other close family member) or anyone else with whom you have a close personal connection (such as a business partner).

Category	Please give details of any interest that applies to you	Please give details of any pharmacy or NHS-related interests of either a close family member or another close personal connection
Remunerated directorships of companies (public or private) and businesses owned personally or in partnership	N/A	
Remunerated employment	N/A	
Remunerated consultancies, with list of clients in preceding 12 months	N/A	
Remunerated contributions to professional or scientific journals or websites etc	N/A	
Any other remunerated work not covered above	N/A	
Names of companies or other bodies in which I/my connected person have a shareholding interest greater than 10% of the share capital (either on my own or another's behalf)	N/A	
Names of charities or other not for profit or voluntary organisations that I am involved with	N/A	
Memberships of professional bodies	PRSGB GPRC	

Name: PARAG OZA

Signed: 

Date: 17-3-2025