

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	QUADRANT PHARMACIES LTD	
Remunerated employment	QUADRANT PHARMACIES LTD Community Pharmacy HWE ICS	Hertfordshire
Remunerated consultancies, with list of clients in preceding 12 months	None	
Remunerated contributions to professional or scientific journals or websites etc	None	
Any other remunerated work not covered above	None	
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)	None	
Names of charities or other not for profit or voluntary organisations that I am involved with	None	
Memberships of professional bodies	GPhC RPS	

Name: *Raveed Solanki*

Signed: *[Signature]*

Date: 19/3/25