



DIRECTOR'S DECLARATION OF INTERESTS FORMS

Name: Firoz Cachalia

Identity Number: [REDACTED]

Directorship, Shareholdings and Paid Remunerations:

COMPANY	DATE OF APPOINTMENT	DATE CEASED
None		

Any other Actual or Potential Conflicts of Interest:

No

I, the undersigned, hereby declare that the information furnished above is true, complete and accurate to the best of my knowledge, information and belief.



Signed: _____

Date: 16/09/2020_____