

Name: Matthew Harvey

1.	<p>Main employment: Please give the name and address of your main employer/partnership or indicate if Self-employed.</p>	<p>Liverpool LPC PO BOX 96 Liverpool L19 4WY</p>
2.	<p>Remunerated Directorships: Please give details of any company of which you are or have been, an Executive Director or Non-Executive Director in the last 5 years.</p>	<p>N/A</p>
3.	<p>Other Remuneration: Please give details of any other sources of remuneration which could cause a conflict in your role as an LPC member.</p>	<p>We Are With You Rainford Health Centre</p>
4.	<p>Benefits in kind: Please give details of any benefits in kind received from pharmaceutical companies in the last 5 years. Exclude articles of low intrinsic value e.g. diaries, pens etc and modest hospitality.</p>	<p>N/A</p>
5.	<p>Significant Financial Interest: Names of companies or other bodies in which you have an interest, either on my own account, my spouse or infant children, for a beneficial interest in shareholdings greater than the 10% of the share capital</p>	<p>N/A</p>
6.	<p>Membership of Public Bodies: Please give the name and address of any Local or Health Service Body of which you are a member or from whom you receive remuneration.</p>	<p>N/A</p>
7.	<p>Other Organisations: Please give details of any organisation with which you are involved which could impact on decisions of the committee or your contribution to the decision-making process.</p>	<p>N/A</p>

Signed: Matthew Harvey Date: 07.5.20