

FORM - Register of Business & Other Interests for Directors and close family members



Name of Director ____ Debbie Lamont _____

Name of Organisation	Nature of Interest	Date from which involved	Paid or Unpaid	Notes

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Notes: **Use the notes column to indicate:**

- If the interest is for a close family member and their relationship to you.
- Any information you may feel relevant.

Signature ____ D Lamont _____

Date __28.1.26____