

August 2017

Blessed Peter Snow Catholic Academy Trust



Name of Director: ..... PAUL BOOTH .....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business        | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|-------------------------|--------------------|--------------------|---|-------------------------------|---------------|
| RANSDENS SOLICITORS LLP | SOLICITORS         | MEMBER/PARTNER     |   |                               | 7.11.17       |
|                         |                    |                    |   |                               |               |
|                         |                    |                    |   |                               |               |
|                         |                    |                    |   |                               |               |
|                         |                    |                    |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed: ..... *Paul Booth* ..... Date: 7.11.17 .....

The Head Teacher should keep these forms, which are available for inspection by Governors, staff, parents of the School and appropriate officers of the Diocese of Leeds and Local Authority.

(4)



Name of Director: *Rev. Dr. Joseph D. Cordis*

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business             | Nature of Interest   | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------------------|----------------------|---|-------------------------------|---------------|
|                  |                                |                      |   |                               |               |
|                  | <del><i>St. Joseph's</i></del> |                      |   |                               |               |
|                  |                                | <i>Ad hoc duties</i> |   |                               |               |
|                  |                                |                      |   |                               |               |
|                  |                                |                      |   |                               |               |
|                  |                                |                      |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed: *Joseph D. Cordis* Date: *26/9/2017*





Name of Director: *Sue McManamin*.....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------|--------------------|---|-------------------------------|---------------|
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
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|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed: *S. McManamin*..... Date: *20th September 2017*.



Name of Director:.....*FR. PETER NAALON*.....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------|--------------------|---|-------------------------------|---------------|
| <i>Nic</i>       |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

*T. Neal*

*25/9/14*

Signed: ..... Date: .....



Name of Director:.....*Colette Short*.....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------|--------------------|---|-------------------------------|---------------|
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
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|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |

*Nil return.*

*Nil return.*

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed: ..... Date: .....




Name of Director: JIM TAYLOR.....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------|--------------------|---|-------------------------------|---------------|
|                  | NIL                | RETURN             |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed:  Date: 26/09/17.....



Name of Director:.....*FELICITY WILSON*.....

The Auditors require the words "nil return" where appropriate. Please read overleaf.

| Name of Business | Nature of Business | Nature of Interest | Date of Appointment or Acquisition if after appointment to school | Date of Cessation of Interest | Date of Entry |
|------------------|--------------------|--------------------|---|-------------------------------|---------------|
|                  |                    |                    |   |                               |               |
|                  | <i>Nil</i>         | <i>Return</i>      |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |
|                  |                    |                    |   |                               |               |

I certify that I have declared all beneficial interests which I or any person closely connected with me have with businesses or other organisations which may have dealings with the school.

Signed: .....*[Signature]*..... Date: .....*26/09/2017*.....