PRO FORMA DECLARATION OF BUSINESS INTERESTS

NAME OF GOVERNOR: ELIZABETH RAMM

Name of Business	Nature of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of Interest	Date of Entry

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

Signed …….. Date ……..