



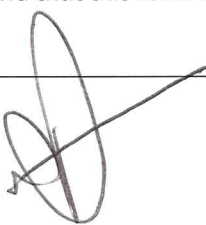
**DECLARATION OF INTERESTS  
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE  
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES**

<i>Surname:</i> <b>PROW</b>	<i>Forenames in full:</i> <b>ROBERT GEORGE</b>
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I hereby certify that, to the best of my knowledge and belief, this Declaration of Interests gives full and complete particulars, as at the date of this declaration, of all matters which I am required to declare, as a Member of the States of Deliberation, pursuant to Rules 29 and 36 of the Rules of Procedure of the States of Deliberation and their Committees or as a person who is a non-States member of a States' Committee pursuant to Rule 46.

I understand that I am required to declare interests or benefits of which I am aware received by my spouse, co-habiting partner or infant children.

I further understand that this form is a public document and will be published on the States' website.

<i>Signature:</i> 	<i>Date:</i> <b>30TH MAY 2017</b>
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**This form must be returned to Her Majesty's Greffier  
not later than the 31st May 2017.**

*For use by H. M. Greffier:*

*Date return received:*



PART 1  
Employment

Enter 'none' in box if there  
is no interest to declare

NONE

Name and address of each Employer	Brief description of the business/work
NONE	

PART 2  
Directorships

Enter 'none' in box if there  
is no interest to declare

NONE

Name and address of each Company	Brief description of the business/work
NONE	

PART 3  
Partnerships

Enter 'none' in box if there  
is no interest to declare

NONE

Name and address of each Partnership	Brief description of the business/work
NONE	

PART 4  
Offices Held

Enter 'none' in box if there  
is no interest to declare

NONE

Name and address of each Office held	Brief description of the business/work
NONE	

PART 5  
Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work not declared in  
Parts 1-4

Enter 'none' in box if there  
is no interest to declare

NONE

Brief description of the business/work	Name and address of any person or entity from whom you receive payment or benefit which forms a significant portion of either your income from this work or your total income
NONE	

PART 6  
Real Property situated in the Bailiwick

Enter 'none' in box if there  
is no interest to declare

Address of each Property	State whether owned, leased, rented or held in trust	Purpose for which Property is held
"LA JONQUIERE", STEAM HILL LANE ST MARTINS, GUERNSEY GY4 6NJ	OWNED JOINTLY WITH MY WIFE SHARON PROW	MAIN PLACE OF RESIDENCE
"LE COURTEL MAO", NAVILLAND VALL ST MARTIN, GUERNSEY	— " —	FIELD

PART 7  
Company Shareholdings

Enter 'none' in box if there is no interest to declare	NONE
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<i>Name and address of each Company</i>
NONE
<i>In respect of companies listed above where the holding is over 10% of the issued share capital, give a brief description of their business/work and state what real property, if any, they hold (either directly or indirectly) in the Bailiwick.</i>

PART 8  
Trusts (excluding Professional Trusteeships)

Enter 'none' in box if there is no interest to declare	NONE
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<i>Name and address of each Trust</i>	<i>State whether as beneficiary or trustee</i>
NONE	

**PART 9**  
**Payments received for Public Speaking**

Enter 'none' in box if there is no interest to declare	NONE
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Name and address of each organisation from which a payment was received in the period from 1 <sup>st</sup> May 20** to 30 <sup>th</sup> April 20** §	Brief description of the function at which the speech was made
NONE	

§ This section does not apply to Members who were not in office during the relevant period.

**PART 10**  
**Other Gifts, Benefits and Hospitality Received**

Enter 'none' in box if there is no interest to declare	NONE
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Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 <sup>st</sup> May 20** to 30 <sup>th</sup> April 20** § which are of a value greater than 1% of basic allowance payable to States Members	
Nature of gift or benefit:	
By whom received:	
Name of donor or benefactor:	
Value of gift or benefit:	
If gift was money or a tangible item state date that money or item was transferred or delivered to the States	

§ This section does not apply to Members who were not in office during the relevant period.



**PART 11**  
Any Other Interests

Enter 'none' in box if there  
is no interest to declare

NONE

Declare here any other interest or benefit received which, whilst not required to be registered under Parts 1-10 might reasonably be perceived by other persons to influence actions as an elected Member of the States.

NOTIFICATION OF INTERESTS PAID TO TAKING OATH OF A STATES  
DEPUTY ON 30TH APRIL 2016 -

I WAS IN PAID EMPLOYMENT WITH ALTERNATIVE SOLUTIONS LIMITED,  
CIRQUE HOUSE, GARENNES PARK AVE DE LA CACHE, ST SAMBON  
LY1 3LQ AS A MANAGEMENT PROJECTS CONSULTANT AND  
SECURITY OFFICER.

I WAS ALSO AN UNPAID REPRESENTATIVE OF HARMONIA  
SOLUTIONS LIMITED 145-157 ST JOHN STREET, LONDON EC1V 4PW,  
WHO ARE A SECURITY CONSULTANCY COMPANY, WHO PROVIDE  
SERVICES IN - GUINNEY. I RESIGNED FROM BOTH OF THESE

ORGANISATIONS ON BECOMING ELECTED A STATES DEPUTY

*[Signature]*

**Part 12**  
Employment by the States of close Family Members

Enter 'none' in box if there  
is no interest to declare

NONE

Declare here the name, familial relationship, job title and usual place of work of any of the following who is an employee of the States, that is to say parent, spouse, cohabiting partner, child, grandchild or sibling.

NONE

**CONTINUATION SHEETS**

If there was insufficient space provided in any Part of this form please add a continuation sheet.

Are any continuation sheets attached?

YES / NO

If yes, specify number of sheets .....