

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

Surname:	Forenames in full:
TROTT	LYNDON SEAN
gives full and complete particular am required to declare, as a Mem 36 of the Rules of Procedure of person who is a non-States member I understand that I am required to by my spouse, co-habiting partners.	of my knowledge and belief, this Declaration of Interests rs, as at the date of this declaration, of all matters which I her of the States of Deliberation, pursuant to Rules 29 and the States of Deliberation and their Committees or as a per of a States' Committee pursuant to Rule 46. In declare interests or benefits of which I am aware received or or infant children. In is a public document and will be published on the States'
Signature:	Date: 26/7/23
This form must be returned to th	e States' Greffier not later than the 31 st July, 2023
For use by the States' Greffier:	
Date return received:	

NONE

Name and address of each Employer	Brief description of the business/work
I am self employed	
1	

Part 2 Directorships

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

Name and address of each Company	Brief description of the business/work
01	
Please see attached	
schedules	
-1 (1 Car vi 0 1 - 2 ,	

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
· · · · · · · · · · · · · · · · · · ·	

Name and address of each Office held	Brief description of the business/work
COMMONWEALTH PATEURIMENTARY ASSOCIATION	THOUSENDENT
-TEUST FUNOS	

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

PART 6 Real Property situated in the Bailiwick

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

17/21/21

Address of each Property	State whether owned, leased, rented or held in trust	Purpose for which Property is held
QUELQUES FLEURS, CAMP DE' L'EELISE, ES SAVIOURS GYT 9PE FRELOI IN ST. SAVIOURS	OWNDO QY WIFE	DNELING - PEINUAL PLACE OF REGIOENCE AGRICULTURAL

Name and address of each Company

ENHANCE GROUP LOD

29-31 ESPLAMADE,

ST HALINE, JERSEY, JEZ JOA

CAMBRIDGE HOUSE,

ST PETER PORT

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.

ENHANCE - IMETHER REPORTING AND INVENIMENT ACCUSED.

- NO PROPERTY (REAL) DINNED BY ETTHER

UAP - HULDING COMPANY FOR EQUITY IN PLANCION ADMINISTRATION MINETIES.

PART 8
Trusts (excluding Professional Trusteeships)

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

Name and address of each Trust

LYNDON TROTT

RETIREMENT ANNUTY TRUTT

C/O

CONCLOT GROWP LATO,

CAMBRIDGE HOLE,

ST. PLETOR ROLT, GUNDENEY.

NONE

Name and address of each organisation from which a payment was received in the period from 1 st July 2021 to 30 th June 2022 §	Brief description of the function at which the speech was made

§ 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 i	nteres	t to	n de	clare

MNE

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1st July 2021 to 30th June 2022 § which are of a value greater than 1% of basic allowance payable to States Members

Nature of gift or benefit:

By whom received:

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.

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.

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.

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 / NET
	If yes, specify number of sheets

Lyndon Trott - Part 2 Directorships

Name and address

Description

Concept Group Ltd.

Licenced Fiduciary

Cambridge House,

St Peter Port, Guernsey.

Chairman

Enhance Group Ltd.

Investment Advisory/Reporting

The Esplanade,

St Helier, Jersey.

Chairman

Guernsey Finance LBG

Rue du Pre,

St Peter Port, Guernsey.

Financial Services Promotion

Chairman

IQ EQ Fund Services (Guernsey) Ltd

Cambridge House,

St Peter Port, Guernsey.

Licensed P E Administrator

MitonOptimal International Ltd

Hirzel Court,

St Peter Port, Guernsey.

Discretionary Fund Manager

Chairman

Tembo Capital Mining GP & GP 3 Ltd

Cambridge House,

St Peter Port, Guernsey

Investment Companies

Chairman

Goddard (Guernsey) Ltd

Cambridge House,

St Peter Port, Guernsey.

Holding Company

Lihou (Guernsey) Ltd

Cambridge House,

St Peter Port, Guernsey.

Holding Company

VEGA ALTERNATIVE INVESTMENTS PCC LIMITED

Cambridge House, St. Peter Bot, Evernsay Investment Company

Cambridge House, St. Peter Port, Guerry Invertued Coupany. Chairman.