

Schedule 2



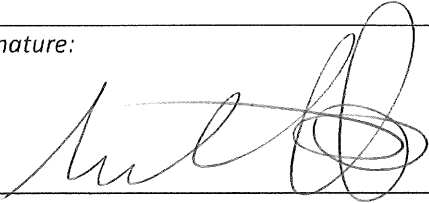
DECLARATION OF INTERESTS
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

| | |
|---------------------------|--|
| <i>Surname:</i> Howitt | <i>Forenames in full:</i> Simon William Francis |
|---------------------------|--|

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> 14th December 2020 |
|--|------------------------------------|

**This form must be returned to Her Majesty's Greffier
not later than the 30th June 20**.**

For use by H. M. Greffier:

Date return received:

PART 2
Employers

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

| Name and address of each Employer | Brief description of the business/work |
|---|--|
| Babbé LLP. La Naille Cour La Plaiderie St. John's Port | Advocates |

PART 2
Companies

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

| Name and address of each Company | Brief description of the business/work |
|---|--|
| 1. Timpstone Insurance Company Limited. 2. Cherry Godfrey Holdings Limited | 1. Captive insurance company 2. Holding company of group which undertakes personal finance & insurance broking |

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 |
|--------------------------------------|--|
| | |

S. Jersey and Guernsey Law
Review - Member of Editorial
Committee

PART 4 Offices Held

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

| Name and address of each Office held | Brief description of the business/work |
|---|--|
| 1. Guernsey Financial Services Commission | 1. Commissioner |
| 2. Libon Charitable Trust | 2. Trustee of charity |
| 3. St James | 3. Council member of charity |
| 4. Health Connections LRC | 4. Director of charity |

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

| Address of each Property | State whether owned, leased, rented or held in trust | Purpose for which Property is held |
|--|--|------------------------------------|
| Holly Tree House, La Penne Rue, St. Peter Port GY1 1SD | owned | Residence |

PART 7
Company Shareholdings

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

| Name and address of each Company |
|---|
| Investments in numerous companies listed on stock exchanges and investment funds. No significant holdings exceeding 1% of issued capital. |
| 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. |
| |

PART 8
Trusts (excluding Professional Trusteeships)

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

| Name and address of each Trust | State whether as beneficiary or trustee |
|--------------------------------|---|
| Lilham Charitable Trust | Trustee |
| | |

PART 5
Payments received for Public Speaking

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

| Name and address of each organisation from which a payment was received in the period from 1 st May 20** to 30 th April 20** § | 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 6
Other Gifts, Benefits and Hospitality Received

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

| Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 st May 20** to 30 th 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 Interest

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.

Part 12

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 Sheet

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