

## Register of Interests

• Nil returns are required where appropriate

Name of Business		f Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of interest	Date of entry
DICTONSO	HOSP	ITALITY	OWNER	SEPT ZOII		26/10/23
ersonal Interests						
Please give details		r educational	<b>establishments</b> you		out your <b>relationships w</b> spouse and relevant date	
govern (if applicable)  Record of Reviews	e) with dates			member, ie relatives,	spouse and relevant date	
Please give details govern (if applicable)	e) with dates			member, ie relatives,	spouse and relevant date	