

	stee/Governor/Officer	MATHEN B	Rown	Board YE	AT		
Name of Business	Nature of Business	Nature of Interest	Date of Appointment or Acquisition	Date of Cessation of interest	Date of entry		
DILLONS OF WHITBY	HOSPITAUTY	owner	SEPT 2011				
ersonal Interests	out any other educationa with dates	<b>l establishments</b> you	Please give details about your <b>relationships with any MAT staff member</b> , ie relatives/spouse and relevant dates.				
govern (if applicable)							

Date	Date 18/9/21 Date	Date						
Governor/Trustee	000							
signature	110							

- Governors/Trustees are reminded that completion of this form does not remove the requirement upon them to disclose orally any interest at any specific meeting and to leave the meeting for that agenda item.
- Nil returns are required where appropriate