From: Malcolm Green
Sent: 08 October 2020 21:36
To:
Subject: Register of Interests

Yorkhill Housing Association Ltd

MANAGEMENT COMMITTEE REGISTER INFORMATION

2020-21

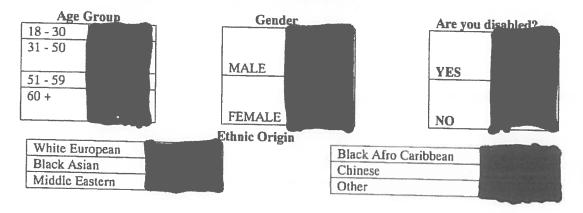
Full Name	Malcolm Robert Green	
Address		
Home Tel. No	o	Work Tel. NoN/A
Email address		
Occupation _		Date of Birth
	8	Committee Membership Status Elected x Co-opted Casual Vacancy

REGISTRATION OF INTEREST

Please give details of any business or personal interests relevant to the activities of the Management Committee (see SFHA code of conduct for examples)

Vice-Chair, West of Scotland Regional Equality Council Equality Councils	Chair, Scottish Alliance of Regional

The following information is for monitoring purposes only.



I confirm that the information given above is accurate.

I have received and read the Remit of Management Committee 2020-21 containing information on the remits and responsibilities of the Management Committee. I have read and understand the SFHA Code of Governance (2020 edition) and agree to comply with its contents. I understand that compliance with this Code of Governance and the AssociationâETMs Policies and Procedures is a condition of membership of the Management Committee

Signature_MalcolmR

Green

Date __8th October 2020____

This message has been discoked by Libraesva ESG and is found to be clean. Mark it as spam Blacklist sendor

Address		_
Home Tel. No.	Work Tel. No.	
Email address		************
Occupation	Date of Birth	
	Committee Membership S	tatus
	Elected	X
	Co-opted Casual Vacancy	
	Casual Vacality	
Management Committee (see S _I work for Citizens Advice and	ess or personal interests relevant to the activities of FHA code of conduct for examples) sometimes have to give advice to tenants of the	the
Association.		
The following information is for Age Group 18 - 30 31 - 50 51 - 59 60 +	MALE FEMALE MO MO MO MO MO MO MO MO MO M	bled
	Ethnic Origin	
White European Black Asian Middle Eastern	Black Afro Caribbean Chinese Other	
I confirm that the information give	ven above is accurate.	
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Full Name _Co	LIN ARM	STRONG		
Address	,			
Home Tel. No.		Work Tel. No.		
Email address				
Occupation	2	The second of the second	of Birth	
		Con		Elected Co-opted Vacancy
Management Comm	of any business or nittee (see SFHA co	personal interests rele ode of conduct for ex	amples)	
		ASSESSOR		
DOMESTIC	/ Non-Do	MESTIC PROJ	PERM	
The following inform Age Group 18 - 30 31 - 50 51 - 59 60 +	MAL	Gender	Tagerina de la companya de la compan	Are you disabled? YES NO
White European Black Asian Middle Eastern	Et	hnic Origin Black / Chines Other	Afro Caril se	bbean
I confirm that the in	formation given abo	ove is accurate.		
Information on the read and understan with its contents.	remits and respond the SFHA Code understand that of	t of Management Consibilities of the Management (2020) of Governance (2020) compliance with this is a condition of me	agement edition) Code of (Committee. I have and agree to comply Governance and the
Signature			_ Date	27/19/20

Full Name HEZENE	DEVINE FITZGER	ALD
Address		
Home Tel. No.	Work Tel. No.	
Email address		A STATE OF THE STATE OF
Occupation	Date of Bi	rth_
	Ce	tee Membership Status Elected Co-opted assual Vacancy
REGISTRATION OF INT Please give details of any Management Committee	EREST business or personal interests relevan (see SFHA code of conduct for example)	t to the activities of the es)
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I have received and rea information on the remits read and understand the with its contents. I under	d the Remit of Management Commit and responsibilities of the Managem SFHA Code of Governance (2020 editions restand that compliance with this Code of Procedures is a condition of member	ent Committee. I have on) and agree to comply
Signature	Da	ate 30 10 20.

MANAGEMENT COMMITTEE REGISTER INFORMATION 2020-21

Full Name Gurmmet Mattu	
Address Flat	
Home Tel. No.	to represent
Email address	
Occupation	Date of Birth
	Committee Membership Status Elected X Co-opted Casual Vacancy
REGISTRATION OF INTEREST	to and interest in the second

Please give details of any business or personal interests relevant to the activities of the Management Committee (see SFHA code of conduct for examples)

None

The following information is for monitoring purposes only.

Age Group

Gender

Age Group	Gender	Are you disabled?
18 - 30		Alle you disabled to
31 - 50	MALE	YES
51 - 59		123
60 +	FEMALE	NO
	Ethnic Origin	
White European	Black A	fro Caribbean
Black Asian	Chinese	
Middle Eastern	Other	

I confirm that the information given above is accurate.

I have received and read the Remit of Management Committee 2020-21 containing information on the remits and responsibilities of the Management Committee. I have read and understand the SFHA Code of Governance (2020 edition) and agree to comply with its contents. I understand that compliance with this Code of Governance and the Association's Policies and Procedures is a condition of membership of the Management Committee

Signature

Date 20/10/20

JOHN POCHERTY
P P
Work Tel. No.
Date of Birth
Committee Membership Status Elected Co-opted Casual Vacancy
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NE
or monitoring purposes only. Gender MALE FEMALE NO
Ethnic Origin Black Afro Caribbean
Chinese Other
given above is accurate.
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	MANAGE	MENT COMMITTEE	Control of the Contro	FORMATION	
Full Name _	Neu	Mc Phone	m		
Address _					
Home Tel. N	io.		Work Tel. No.		
Email addres	ss_		- different		
Occupation			Date	of Birth	
			Cor	nmittee Memb Elei Co-oj Casual Vaca	cted pted
REGISTRAT Please give Managemen	details of an	EREST y business or person (see SFHA code of	nal interests rel conduct for ex	evant to the ac amples)	tivities of the
The following Age Gro 18 - 30 31 - 50 51 - 59 60 +	g information	Gence MALE FEMALE		YES	you disabled?
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Signature		46 A.A. S. V		(2)	10/2000

ull Name	MICHAEL	HARRIS		
Address 1				
Home Tel. N	0.	Work *	Tel. No.	
Email addres	8		7	
Occupation			_Date of Birth _	
			C	embership Status Elected co-opted /acancy
Please give Managemen	details of any busine t Committee (see SI	ess or personal inter FHA code of conduc	t for examples)	
	449 0	N C. M. Car.	Ü	
Age Gr 18 - 30 31 - 50 51 - 59 60 +	g information is for n	Gender MALE FEMALE		Are you disabled? YES NO
White Euro Black Asia Middle Eas	n	Ethnic Origin	Black Afro Caribl Chinese Other	pean •
I confirm tha	it the information give	en above is accura	te.	
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Signature _			Date _	8/10/20

Full Name YVONNE ALEXIS	
Address	
Home Tel. No.	MOSILE Work Tel. No.
Email address	
Occupation	Date of Birth
	Committee Membership Status Elected Co-opted Casual Vacancy
REGISTRATION OF INTEREST Please give details of any business or p Management Committee (see SFHA cod	ersonal interests relevant to the activities of the de of conduct for examples)
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The following information is for monitorin Age Group 18 - 30 31 - 50 51 - 59 60 + FEM	Gender Are you dischled?
White European Black Asian Middle Eastern	Black Afro Caribbean Chinese Other
I confirm that the information given above	ve is accurate.
read and understand the SFHA Code of with its contents. I understand that co	of Management Committee 2020-21 containing ibilities of the Management Committee. I have f Governance (2020 edition) and agree to comply impliance with this Code of Governance and the is a condition of membership of the Management
Oignature _	Date 23 rd October 2020