

BERMUDA LEGISLATURE – REGISTER OF INTERESTS
REGISTRATION FORM

The main purpose of the Register of Members' interests is to provide information of any pecuniary interest or other material benefit which a Member receives which might reasonably be thought by others to influence his or her actions, speeches or votes in Parliament, or actions taken in his or her capacity as a Member. For the details of the information which is required to be registered, please refer first to the explanatory notes in each section of the form.

Subsequent changes or additions to your entry should be notified to the Registrar within one month of any change occurring.

FULL NAME: Hubert Kim Eugene SWAN

CONSTITUENCY: St. George's West #2

1. DIRECTORSHIPS

(Do you have any remunerated or unremunerated directorships in any company?)

YES – NO

(Please delete as appropriate)

If yes, please list the names of the companies, briefly stating the nature of the business of the company in each case.

Notes:

- (i) If holding office, please name office held
- (ii) You should include directorships which are individually unremunerated but where remuneration is paid through another company in the same group
- (iii) In this category "remunerated" should be read as including allowance or benefits
- (iv) "Any company" means local, exempted or permit Bermuda Company.

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2. REMUNERATED EMPLOYMENT, OFFICE, PROFESSION, ETC.

Do you have any employment, office, trade, profession or vocation – (apart from membership of the House/Senate or ministerial office for which you are remunerated or in which you have any pecuniary interest?)

YES – NO

(Please delete as appropriate)

Golf Coach/Teacher - Port Royal Golf Developmental Programme at Port
Royal Golf Course, Southampton (Govt Quango)

If yes, please set out the details – name of employer/company, nature of business,
position held.

Note: Actual amounts of remuneration need not be stated

Provide promotional services (write articles for Port Royal/Saint Lucia) and
pay Port Royal a percentage of lessons for coaching at facility.

3. CLIENTS

Does any of the paid employment registered in categories 1 or 2 entail the provision to clients of services which directly relate to your position as a Member of the Legislature?

YES – NO

(Please delete as appropriate)

If yes, please list all clients to whom you personally provide such services. Please also
state in each case the nature of the clients' business

4. SPONSORSHIP

(Have you received any sponsorship for which you are expected to provide a benefit relating to being a Member of the Legislature?)

YES – NO

(Please delete as appropriate)

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5. GIFTS, BENEFITS AND HOSPITALITY

Have you, or your spouse to your knowledge, received any gift of a value greater than \$500, or any material advantage of a value greater than 0.5 percent of the current parliamentary salary, from any company, organization or person in Bermuda which in any way relates to your membership of the Legislature?

YES – NO

(Please delete as appropriate)

If yes, please give details

Notes: (i) You should include any hospitality given and services or facilities offered free or at a price below that generally available to members of the public, directly relating to you being a Member of the Legislature and not in any other capacity, for instance by virtue of your employment, except that where the advantage is known to be available to all Members of the Legislature, it need not be registered.

(ii) You should include not only gifts and material advantages received personally by you and your spouse, but also those received by any company or organisation in which you (or your spouse jointly) have a controlling interest.

NB. My wife is Director/Founder of Project Action (Charity registered) that provides free Transportation for Seniors in Physically Challenged in Bermuda.

6. OVERSEAS VISITS

Have you or your spouse made any overseas visits relating to or in any way arising out of your membership in the House/Senate where the cost of the visit was not wholly borne by yourself or out of public funds, or where the visit involves reciprocity of payment between Parliament and the Governments or Parliaments of other countries?

YES – NO

(Please delete as appropriate)

If yes, please list relevant visits in chronological order

Countries Visited	Dates of Visit	Who Paid?

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Note: You are not required to register visits undertaken on behalf of the Commonwealth Parliamentary Association, a Select Committee of the House/ Senate, or visits arranged and paid for wholly by a member's own political party.

7. OVERSEAS BENEFITS AND GIFTS

Have you or your spouse to your knowledge, received any gift of a value greater than \$500 or an material advantage of a value greater than 0.5 percent of the current parliamentary salary for or on behalf of any foreign Government organisation or person which in any way relates to your Membership of the Legislature?

YES – NO

(Please delete as appropriate)

If yes, please give details

Note: Overseas hospitality and travel facilities should be entered under category 6. Otherwise the notes under category 5 apply here also.

8. LAND

Do you have a beneficial interest including trusts in any land in Bermuda, other than any home used solely for the personal residential purposes of you or your family?

YES – NO

(Please delete as appropriate)

If yes, please indicate the nature of the land (e.g. Residential rented/leasehold land, Commercial rented/leasehold land, farmland, undeveloped land) and location.

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9. SHAREHOLDINGS

Do you have any beneficial interest including trusts in shareholdings in any company or body (including local, exempt or permit companies) which have (a) a market value greater than \$50,000 or (b) greater than 1% of the issued share capital of the company or body.

YES – NO
(Please delete as appropriate)

If so, please list each company or body, indicating in each case the nature of its business and whether your holding falls under sub-category (a) or (b) above.

I declare that the information contained in this declaration is a complete and accurate description of all the interests that I am liable to declare.

SIGNATURE: _____

DATE: _____