

## **Declaration of Interest**

MEETING DATE	16 March 2020
Panel reference	2018WCl012 – Penrith City Council – DA18/1162 565-609 Luddenham Road, Luddenham
Chair	Justin Doyle

In relation	to this matter, I declare	that I have:				
no k	no known conflict of interest $oxtimes$ OR					
an a	an $\operatorname{actual^1}\Box$ , $\operatorname{potential^2}\Box$ or reasonably $\operatorname{perceived^3}\Box$ conflict of interest, as detailed below:					
JUE.		Glenn McCarthy	16/3/20			
Signature		Name	Date			
		panel chair is to ensure appropriate otersign this form, noting any addition	management measures are in place, as onal measures.			
Chair Signa	ture	Name	Date			

Please return this form to the Planning Panels Secretariat at  $\underline{enquiry@planningpanels.nsw.gov.au}$ 

 $<sup>^1</sup>$  An 'actual' conflict of interests is where there is a direct conflict between a member's duties and responsibilities and their private interests or other duties.

 $<sup>^{2}</sup>$  A 'potential' conflict of interests is where a panel member has a private interest or other duty that could conflict with their duties as a panel member in the future.

<sup>&</sup>lt;sup>3</sup> A 'reasonably perceived' conflict of interests is where a person could reasonably perceive that a panel member's private interests or other duties are likely to improperly influence the performance of their duties as a panel member, whether or not this is in fact the case.



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N.g.	Nicole Gurran	16/3/20				
Signature	Name	Date				
	panel chair is to ensure appropriate intersign this form, noting any additi	management measures are in place, as onal measures.				
Chair Signature	Name	Date				

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an actual¹ □, potential²	an actual $\Box$ , potential $\Box$ or reasonably perceived $\Box$ conflict of interest, as detailed below:						
JABI	Justin Doyle	16/3/20					
Signature	Name	Date					
Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.							
Chair Signature	Name	Date					

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