

Declaration of Interest

MEETING DATE	3 December 2021
Panel reference	PPSSCC 272 - Cumberland – DA2021/0327, 277-289 Woodpark Road, Smithfield
Chair	Abigail Goldberg

In relation to this matter, I declare	e that I have:				
no known conflict of interest \boxtimes OR an actual 1 \square , potential 2 \square or reasonably perceived 3 \square conflict of interest, as detailed below:					
Al dun	Abigail Goldberg	30 November 2021			
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			
Please return this form to the Plan	nning Panels Secretariat at enquiry(@planningpanels.nsw.gov.au			

 $^{^1}$ 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.

² 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.

³ 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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an $\operatorname{actual^1} \square$, $\operatorname{potential^2} \square$ or reasonably $\operatorname{perceived^3} \square$ conflict of interest, as detailed below:					
FA_	Roberta Ryan	7 December 2021			
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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On_					
	David Ryan	4 December 2021			
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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