

MEETING DATE	1 December 2022
Panel reference	PPSSCC-340 – City of Parramatta - DA/53/2022 – 263, 265, 267, 269, 271, 273, 277-281 Pennant Hills Road, Carlingford
Chair	Abigail Goldberg

In relation to this matter, I declare	that I have:		
no known conflict of interes	t ⊠ OR		
an $\operatorname{actual^1}\Box$, $\operatorname{potential^2}\Box$ or reasonably perceived $\operatorname{\square}$ conflict of interest, as detailed below:			
Al dury	Abigail Goldberg	1 December 2022	
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 Planning 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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-				
Bill	Brian Kirk	1 December 2022		
	DITALI KIIK			
Signature	Name	Date		
	panel chair is to ensure appropriate ntersign this form, noting any additi	management measures are in place, as onal measures.		
Chair Signature	Name	Date		
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			-	
			-	
			-	
4				
	David Ryan	1 December 2022		
Signature	Name	Date		
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Chair Signature	Name	Date		
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A	what they	Richard Thorp	1 December 2022	
Signat	ture	Name	Date	
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Chair	Signature	Name	Date	

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an actual¹ □, potent	ial 2 \square or reasonably perceived 3 \square	conflict of interest, as detailed below:		
Sameer Ponday	Sameer Pandey	1 December 2022		
Signature	Name	Date		
	ed the panel chair is to ensure app nd countersign this form, noting a	propriate management measures are in place, ny additional measures.	as	
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