

Declaration of Interest

Chair Signature

Meeting Date	25 July 2024.	
Panel reference	PPSSCC-480 – The Hills Shire – Pennant Hills	- 11/2024/JP – 55 Coonara Avenue, West
Chair	Abigail Goldberg	
n relation to this matte	r, I declare that I have: t of interest 凶 OR	
	ential ² or reasonably perceived ³ c	conflict of interest, as detailed below:
Mary	Steve Murray	26 July 2024
Signature	Name	Date
	lared the panel chair is to ensure appro r, and countersign this form, noting any	opriate management measures are in place, as additional measures.

Please return this form to the Planning Panels Secretariat at enquiry@planningpanels.nsw.gov.au

Name

Date

 $^{^{1}}$ 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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Chair	Abigail Goldberg	
In relation to this matter	, I declare that I have:	
no known conflict	of interest ⊠ OR	
an actual ⁴ □ note	ential $^5\square$ or reasonably perceived $^6\square$ co	onflict of interest, as detailed heleve
an actual \Box , pote	ential or reasonably perceived of to	offile of interest, as detailed below:
Bille	Brian Kirk	25 July 2024
Signature	Name	Date
	ared the panel chair is to ensure appro and countersign this form, noting any	priate management measures are in place, as additional measures.

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110000	Abigail Goldberg	25 July 2024	
Signature	Name	Date	
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Chair	Abigail Goldberg
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Janol	Jarrod Murphy 26 July 2024

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.

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Date

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Chair Signature Name Date

Name

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