

## **Declaration of Interest**

MEETING DATE	7 November 2023			
Panel reference	PPSSEC-262 – WOOLLAHRA – DA 598/2022			
	17 DOVER ROAD ROSE BAY 2029			
Chair	Carl Scully			
In relation to this matter, I declare that I have:				
no known conflict of interest $oxtimes$ OR				

Chair Signature	Name	Date	
	red the panel chair is to ensure a and countersign this form, noting	ppropriate management measures are in p gany additional measures.	lace, as
Signature	Name	Date	
Muly	Carl Scully	9 November 2023	
M			
	ntial <sup>2</sup> or reasonably perceived		

Please return this form to the Planning Panels Secretariat at <a href="mailto:enquiry@planningpanels.nsw.gov.au">enquiry@planningpanels.nsw.gov.au</a>

<sup>&</sup>lt;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>&</sup>lt;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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**Chair Signature** 

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Chair	Carl Scully					
In relation to this matter, I c						
no known conflict of i	no known conflict of interest ⊠ OR					
an actual¹ □, potenti	an actual $^1$ $\square$ , potential $^2$ $\square$ or reasonably perceived $^3$ $\square$ conflict of interest, as detailed below:					
-	_	_				
This	Alice Spizzo	8 November 2023				
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.						

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Name

Date

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Chair	Carl Scully

In rela	ation to this matter, I decla	re that I have:			
	no known conflict of interest $oxtimes$ OR				
	an actual $\Box$ , potential $\Box$ or reasonably perceived $\Box$ conflict of interest, as detailed below:				
G		Amelia Thorpe	8 November 2023		
Signa	ture	Name	Date		
		panel chair is to ensure appropriate intersign this form, noting any addit	e management measures are in place, as ional measures.		
Chair	Signature	Name	Date		

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