

ELECTRONIC DETERMINATION	Papers circulated electronically on 2 November 2023.
Panel reference	PPSSEC-275 – WAVERLEY – DA-482/2017/B 59-75 GRAFTON STREET BONDI JUNCTION 2022
Chair	Carl Scully

In relation to this matte	r, I declare that I have:		
no known conflic	t of interest $oxtimes$ OR		
an actual¹ □, pot	ential $^2\square$ or reasonably perceived	³ ☐ conflict of interest, as detailed below:	
Marly	Carl Scully	21 November 2023	
Signature	Name	Date	
	lared the panel chair is to ensure and countersign this form, noting	appropriate management measures are in place g any additional measures.	e, as
Chair Signature	Name	Date	

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

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 actual¹□, ŗ	potential 2 \square or reasonably perceived	³ ☐ conflict of interest, as detailed below:	
Thire	Alice Spizzo	16 November 2023	
Signature	Name	Date	
	leclared the panel chair is to ensure a nair, and countersign this form, noting	ppropriate management measures are in plac g any additional measures.	ce, as
Chair Signature	Name	Date	

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Q1,			
	Amelia Thorpe	16 November 2023	
Signature	Name	Date	
	red the panel chair is to ensure app and countersign this form, noting a	propriate management measures are in pla ny additional measures.	ace, as
Chair Signature	Name	Date	

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Y Munell	Jan Murrell	16 November 2023	
Signature	Name	Date	
	red the panel chair is to ensure a and countersign this form, noting	ppropriate management measures are in p any additional measures.	olace, as
Chair Signature	Name	Date	

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