

Chair Signature

MEETING DATE	6 August 2024		
Panel Reference	PPSSEC-281 – RANDWICK	– DA/168/2023	
	215B Anzac Parade KENSI	NGTON 2033	
Chair	Carl Scully		
In relation to this matter, I on known conflict of			
		I ³ ☐ conflict of interest, as detailed below:	
			<u> </u>
Muly	Carl Scully	6 August 2024	
Signature	Name	Date	
	d the panel chair is to ensure a d countersign this form, notin	appropriate management measures are in place, a g any additional measures.	as

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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no known conflict of	interest ⊠ OR		
an actual¹ □ notenti	al ² □ or reasonably perceived ³	☐ conflict of interest, as detailed below:	
-			
Thire			
	Alice Spizzo	6 August 2024	
Signature	Name	Date	
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Chair	Carl Scully

In relation to this matter, I declare that I have:			
no known conflict of int	erest ⊠ OR		
an actual¹ □, potential²	☐ or reasonably perceived	³ ☐ conflict of interest, as detailed below:	
Juna Budd	Susan Budd	30 July 2024	
Signature	Name	Date	
Should a conflict be declared t determined by the chair, and c		appropriate management measures are in place g any additional measures.	e, as
Chair Signature	Name	Date	

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11/100			
J. V.	Marea Wilson	6 August 2024	
Signature	Name	Date	
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-	
Jane M Coffers	Joanne McCafferty 31 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.

Chair Signature Name Date

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