

MEETING DATE	10 May 2023
Panel reference	PPSSNH-339 – DA-115/2022, Lane Cove, 12-20 Berry Road and 11-19 Holdsworth Avenue, St Leonards
Chair	Peter Debnam

In relation to this matter, I declar	e that I have:		
no known conflict of interes	t ⊠ OR		
an actual $^1 \square$, potential $^2 \square$ c	or reasonably perceived³ ☐ conflict o	of interest, as detailed below:	
Pelonam	Peter Debnam	10 May 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.			
Chair Signature	Name	Date	
Please return this form to the Pla	nning Panels Secretariat at <u>enquiry@</u>	<u> </u>	

 $^{^1}$ 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 actual \square , potential \square o	r reasonably perceive	$d^3 \square$ conflict of interest, as detailed below:	
Bille	Brian Kirk	10 May 2023	
Signature	Name	Date	
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Chair Signature	Name	Date	
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Harich	Eugene Sarich	10 May 2023	
Signature	Name	Date	
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Chair Signature	Name	Date	
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an $\operatorname{actual^1}\Box$, potential ² \Box or reasonably perceived ³ \Box conflict of interest, as detailed below:			
N. Gum-	Nicola Compa	40.14 2022	
	Nicole Gurran	10 May 2023	
Signature	Name	Date	
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Chair Signature	Name	Date	
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an actual¹ □, poter	$\operatorname{ntial}^2\square$ or reasonably perceived $^3\square$ con	flict of interest, as detailed below:
	Vivienne Albin	10 May 2023
Signature	Name	Date
	ared the panel chair is to ensure approp , and countersign this form, noting any a	oriate management measures are in place, as additional measures.
Chair Signature	Name	Date
Please return this form t	o the Planning Panels Secretariat at <u>enc</u>	uiry@planningpanels.nsw.gov.au

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