

21 July 2021
PPSSNH-97 - Willoughby – DA2020/117
128 Beaconsfield Road, Chatswood
Brian Kirk
P 1

In relation to this matter, I de	eclare that I have:		
no known conflict of in	iterest 🗵 OR		
an actual¹ □, potentia	$  ^2 \square$ or reasonably perceived	<sup>3</sup> ☐ conflict of interest, as detailed below:	
BVI			
	Brian Kirk	21 July 2021	
Signature	Name	Date	
Should a conflict be declared determined by the chair, and		appropriate management measures are in place gany additional measures.	e, as
Chair Signature	Name	Date	
Please return this form to the	e Planning Panels Secretariat	at enquiry@planningpanels.nsw.gov.au	

<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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4	Sal		
a	7/	Craig Campbell	21 July 2021
Signature	•	Name	Date
		anel chair is to ensure appropriate tersign this form, noting any addition	management measures are in place, as onal measures.
Chair Sigr	nature	Name	Date

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,			
James R. Having	T_		
	James Harrison	21 July 2021	
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	

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(I whe son	Julie Savet Ward	21 July 2021	
	Julie Savet Ward	21 July 2021 Date	
Signature Should a conflict be decl	Julie Savet Ward	Date  propriate management measures are	
Signature Should a conflict be decl	Julie Savet Ward  Name  ared the panel chair is to ensure ap	Date  propriate management measures are	
Signature Should a conflict be decl	Name  ared the panel chair is to ensure apply, and countersign this form, noting a	Date  propriate management measures are any additional measures.	
Signature  Should a conflict be decl determined by the chair	Name  ared the panel chair is to ensure apply, and countersign this form, noting a	Date  propriate management measures are any additional measures.	

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Smilalille			
	Sandra Hutton	21 July 2021	
Signature	Name	Date	
	the panel chair is to ensure app countersign this form, noting a	ropriate management measures are in ny additional measures.	place, as
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