

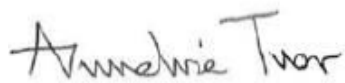
Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 5 September 2023.
Panel reference	PPSSSH-110 – Georges River - DA2022/0061 9 Gloucester Road, Hurstville
Chair	Annelise Tuor

In relation to this matter, I declare that I have:

no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



Signature

Annelise Tuor
Name

18 September 2023
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 Planning Panels Secretariat at 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 ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:


Signature

Glennis James
Name

19 September 2023
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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In relation to this matter, I declare that I have:

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an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



Signature

Penny Holloway
Name

19 September 2023
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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