

Declaration of Interest

| ELECTRONIC DETERMINATION | 6 December 2022 |
|--------------------------|---|
| Panel reference | PPSSSH-113 - Canterbury- Bankstown - DA-362/2022 - 55 Macdonald Street, Lakemba |
| Chair | Helen Lochhead |

| In relation to this matter, I decl | are that I have: | |
|--|--|---|
| no known conflict of inte | rest 🗵 OR | |
| an actual¹ □, potential² l | \square or reasonably perceived ³ \square | conflict of interest, as detailed below: |
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| Alkolhend | Helen Lochhead | 6 December 2022 |
| Signature | Name | Date |
| Should a conflict be declared th determined by the chair, and co | | opriate management measures are in place, as y additional measures. |
| | | |
| | | |
| Chair Signature | Name | Date |
| Please return this form to the P | lanning Panels Secretariat at e | nguiry@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 actual $^1\square$, potential $^2\square$ c | or reasonably perceived³ ☐ conflict | of interest, as detailed below: | |
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| | | | |
| | | | |
| fun | Heather Warton | 6 December 2022 | |
| 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. | | | |
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| | | | |
| Chair Signature | Name | Date | |
| | | | |

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| Juan Junes. | Susan Budd | 6 December 2022 | | | | | | |
| Signature | Name | Date | | | | | | |
| | be declared the panel chair is to ensure e chair, and countersign this form, noti | e appropriate management measures are in plaing any additional measures. | ce, as | | | | | |
| | | | | | | | | |
| Chair Signature | Name | Date | | | | | | |
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