

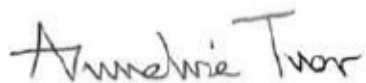
Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 18 September 2023
Panel reference	PPSSSH-122 – Canterbury-Bankstown Council – DA-741/2022 149 Orchard Road, Chester Hill
Chair	Annelise Tuor (Chair)

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

25 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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Signature

Penelope Holloway

Name

25 September 2023

Date

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Chair Signature

Name

Date

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Signature

Name
Glennis James

Date
25 September 2023

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Chair Signature

Name

Date

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Signature

Name
Karl Saleh

Date
26 September 2023

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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Chair	Annelise Tuor (Chair)

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Signature

Khal Asfour
Name

25 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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