

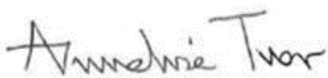
Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 18 August 2025.
Panel reference	PPSSSH-186 – CANTERBURY-BANKSTOWN – DA-2/2025 42A Beale Street GEORGES HALL Hall 2198
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	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 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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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:



Penny Holloway

19 August 2025

.....
Signature

.....
Name

.....
Date

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.....
Chair Signature

.....
Name

.....
Date

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.....
Signature

Karl Saleh

.....
Name

18 August 2025

.....
Date

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.....
Chair Signature

.....
Name

.....
Date

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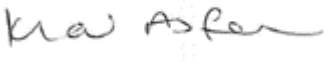
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Chair	Annelise Tuor

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



Signature

Khal Asfour

Name

25 August 2025

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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