

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 9 May 2023.	
Panel reference	PPSSTH-142 – Shoalhaven – RA22/1001	
	Kerry Street & Paradise Beach Road, Sanctuary Point 2540	
Chair	Chris Wilson (Chair)	

In relation to this matter, I declare	e that I have:	
no known conflict of interes	st ⊠ OR	
an actual \square , potential \square	or reasonably perceived³ □ conflict	of interest, as detailed below:
	Chris Wilson	19/05/2023
Signature	Name	Date
	panel chair is to ensure appropriate ntersign this form, noting any additi	management measures are in place, as onal 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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no kno	own conflict of intere	st ⊠ OR	
an acti	ual $^1\square$, potential $^2\square$	or reasonably perceived³ □ conflict	of interest, as detailed below:
B.	. <u>Lb</u>	Brian Kirk	19/05/2023
Signature		Name	Date
		panel chair is to ensure appropriate ntersign this form, noting any additi	management measures are in place, as onal measures.
Chair Signatu	ıre	Name	Date

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Chair	Chris Wilson (Chair)	

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an actual¹ □, pote	ntial ² □ or reasonably perceive	$\operatorname{ed}^3\square$ conflict of interest, as detailed below:
Nil		
0 +		
Frant	Juliet Grant	
ignature	Name	Date
	red the panel chair is to ensure and countersign this form, not	e appropriate management measures are in place, as ing any additional measures.
hair Signature	Name	Date

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