

Declaration of Interest

Electronic Determination	Papers circulated electronically on 17 November 2022
Panel Reference	PPSSTH-16 – Bega Valley – 2019.359 371 Arthur Kaine Drive MERIMBULA 2548
Chair	Tim Fletcher (Acting 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:



Tim Fletcher

20 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.

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 actual⁴ ☐, potential⁵ ☐ or reasonably perceived⁶ ☐ conflict of interest, as detailed below:



Chris Wilson

19 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.

Chair Signature

Name

Date

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

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an actual⁷ ☐, potential⁸ ☐ or reasonably perceived⁹ ☐ conflict of interest, as detailed below:



Renata Brooks

19 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.

Chair Signature

Name

Date

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