

### Declaration of Interest

<b>MEETING DATE</b>	6 August 2024
<b>Panel reference</b>	PPSSTH-224 – Queanbeyan-Palerang – DA.2023.0044 RUTLEDGE STREET & 257 CRAWFORD STREET QUEANBEYAN 2620
<b>Chair</b>	Chris Wilson

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

no known conflict of interest ☒ OR

an actual<sup>1</sup> ☐, potential<sup>2</sup> ☐ or reasonably perceived<sup>3</sup> ☐ conflict of interest, as detailed below:

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**Signature**

Christopher Wilson

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**Name**

13 August 2024

.....  
**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**

Please return this form to the Planning Panels Secretariat at [enquiry@planningpanels.nsw.gov.au](mailto:enquiry@planningpanels.nsw.gov.au)

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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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nil

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 ..... Juliet Grant ..... 24 July 2024 .....  
**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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**Signature**

Grant Christmas

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**Name**

23 July 2024

.....  
**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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