

## Declaration of Interest

<b>ELECTRONIC DETERMINATION</b>	Papers circulated electronically on 15 November 2024.
<b>Panel reference</b>	PPSSTH-350 – BEGA VALLEY – DA 2023.299 64 Culgoa Crescent PAMBULA BEACH 2549
<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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Christopher Wilson

20 November 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.

.....  
**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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..... Juliet Grant.....18 November 2024.....  
**Signature Name Date**

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.....  
**Chair Signature Name Date**

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**20241118 – Grant ChDeclaration of Interest**

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.....	Grant Christmas	18 November 2024
<b>Signature</b>	<b>Name</b>	<b>Date</b>

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.....	.....	.....
<b>Chair Signature</b>	<b>Name</b>	<b>Date</b>

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.....	Mitchell Nadin	26 November 2024
<b>Signature</b>	<b>Name</b>	<b>Date</b>

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.

.....	.....	.....
<b>Chair Signature</b>	<b>Name</b>	<b>Date</b>

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Signature

Russell Fitzmaurice

Name

Date

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Chair Signature

Name

Date

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