

## **Declaration of Interest**

ELECTRONIC DETERMINATION	Papers circulated electronically on 19 July 2024.
Panel reference	PPSSTH-400 – SHOALHAVEN – DA2024/1326 4 Beinda Street BOMADERRY 2541
Chair	Chris Wilson

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

no known conflict of interest oxtimes OR

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

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2	)
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.....

Christopher Wilson
Name

30 July 2024

Date

.....

Signature

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 <u>enquiry@planningpanels.nsw.gov.au</u>

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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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Signature

.....

Juliet Grant	20 July 2024
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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C. A. Christmas	Grant Christmas	19 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.

 Chair Signature	Name	Date	

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