

ELECTRONIC DETERMINATION	Papers circulated electronically on 6 February 2025.
Panel reference	PPSSTH-407 – WINGECARRIBEE - DA24/1140 2 Colo Street MITTAGONG 2575
Chair	Chris Wilson

In relation to this matter,	I declare that I have:		
no known conflict o	of interest $oxtimes$ OR		
an actual¹ □, poter	ntial <sup>2</sup> or reasonably perceived <sup>3</sup> o	conflict of interest, as detailed below	N: 
	Chris Wilson	08/02/2025	
Signature	Name	Date	
	red the panel chair is to ensure approand countersign this form, noting any	· ·	in place, as
Chair Signature	Name	Date	

Please return this form to the Planning Panels Secretariat at  $\underline{\texttt{enquiry@planningpanels.nsw.gov.au}}$ 

<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.

 $<sup>^2</sup>$  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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Hm	Heather \			
777		10/02/2025		
Signature	Name	Date		
		sure appropriate management measures are in place, as noting any additional measures.		
Chair Signature	Name	Date		
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Natasha Harras  06/02/2025  Signature Name Date  Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, addetermined by the chair, and countersign this form, noting any additional measures.	no known confl	ict of interest $oxtimes$ OR		
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determined by the chair, and countersign this form, noting any additional measures.	Signature	Name	Date	•
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	Walley .	Richard Colle	y 06/02/2025	
Signa	ature	Name	Date	
		d the panel chair is to ensure d countersign this form, notir	appropriate management measures ang any additional measures.	re in place, as
	r Signature	Name	Date	

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Juan B	Susan Budd	06/02/2025	
Signature	Name	Date	
	e declared the panel chair is to ensure chair, and countersign this form, not	e appropriate management measures are ing any additional measures.	e in place, as
Chair Signature	Name	Date	

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