

Declaration of Interest

MEETING DATE

Panel reference	PPSSTH-7 – Wingecarribee – DA20/0227 at 141 Yarrawa Road and 32 Lovelle Street, Moss Vale –		
Acting Chair	Renata Brooks		
In relation to this matter, I d	declare that I have:		
no known conflict of	interest ⊠ OR		
an actual¹ □, potenti	$al^2\square$ or reasonably perceived $^3\square$	conflict of interest, as detailed below:	
00			
860	Renata Brooks	6/6/22	
Signature	Name	Date	
Should a conflict be declare	Name	Date propriate management measures are in place, as	
Should a conflict be declare	Name d the panel chair is to ensure app	Date propriate management measures are in place, as	
Should a conflict be declare	Name d the panel chair is to ensure app d countersign this form, noting a	Date propriate management measures are in place, as my additional measures.	
Should a conflict be declare determined by the chair, an	Name d the panel chair is to ensure app d countersign this form, noting a	Date propriate management measures are in place, as my additional measures.	

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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MEETING DATE	6 June 2022		
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Acting Chair	Renata Brooks		
In relation to this matter, I			
an actual $^1\square$, poten	tial $^2\square$ or reasonably perceived $^3\square$	☐ conflict of interest, as detailed below:	
T for			
Atte	Tim Fletcher	6/6/22	
Signature	Name	Date	
	ed the panel chair is to ensure ap and countersign this form, noting	propriate management measures are in pla any additional measures.	ice, as
Chair Signature	 Name		

Please return this form to the Planning Panels Secretariat at enquiry@planningpanels.nsw.gov.au

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Juan Grad.			
0 0	Susan Budd	6/6/22	
Signature	Name	Date	
	red the panel chair is to ensure ag and countersign this form, noting	opropriate management measures are in place, as any additional measures.	
Chair Signature	Name	Date	

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Chair Signature

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an actual¹ □, poten	tial 2 \square or reasonably perceived 3 \square	conflict of interest, as detailed below:	
Misint.	Michael Mantei	6/6/22	
Signature	Name	Date	
•			
	ed the panel chair is to ensure app nd countersign this form, noting a	propriate management measures are in place, as ny additional measures.	

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Name

Date

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an actual¹ □, potenti	al ² □ or reasonably perceived ³ □	conflict of interest, as detailed below:
	Stephen Leathley	6/6/22
Signature	Name	Date
	ed the panel chair is to ensure appr and countersign this form, noting an	ropriate management measures are in place, as by additional measures.
Chair Signature	Name	Date

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