

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 21 March 2024	
Panel reference	PPSSWC-345 – Liverpool – DA-398/2023 – 195 Heathcote Road, Holsworthy	
Chair	Justin Doyle	

in rela	tion to this matter, I declare	that I have:				
	no known conflict of interest $oxtimes$ OR					
	an actual 1 \square , potential 2 \square or reasonably perceived 3 \square conflict of interest, as detailed below:					
-						
-						
-						
	AB1	Justin Doyle	25 March 2024			
Signat	ure	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.						
	Signature	Name	Date			
Please	return this form to the Plar	ning Panels Secretariat at <u>enquiry@</u>	planningpanels.nsw.gov.au			

 $^{^{1}}$ 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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an actual $^1\square$, potential $^2\square$	an $\operatorname{actual^1}\Box$, $\operatorname{potential^2}\Box$ or reasonably $\operatorname{perceived^3}\Box$ conflict of interest, as detailed below:						
Hy Rach .							
	Karress Rhodes	25 March 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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Many	Louise Camenzuli	25 March 2024			
Signature	Name	Date			
	ared the panel chair is to ensure app and countersign this form, noting a	propriate management measures are in place, ny additional measures.	as		
Chair Signature	Name	Date			
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