

ELECTRONIC DETERMINATION	Papers circulated electronically on 28 February 2025	
Panel reference	PPSSWC-420 – Fairfield – DA69.1/2024 - 46 Court Road, Fairfield	
Chair	Justin Doyle	

In rela	tion to this matter, I declare	that I have:			
	no known conflict of interest ⊠ OR				
	an actual \square , potential \square or reasonably perceived \square conflict of interest, as detailed below:				
Bh	 Mg				
		David Kitto		17 March 2025	
Signat	ure	Name		Date	
	d a conflict be declared the pnined by the chair, and cour			management measures are in pl onal measures.	lace, as
Chair S	Signature	Name		Date	

Please return this form to the Planning Panels Secretariat at enquiry@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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ABI					
	Justin Doyle	17 March 2025			
Signature	Name	Date			
	lared the panel chair is to ensure , and countersign this form, notin	appropriate management measures are in place, as ng any additional measures.			
Chair Signature	Name	Date			
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11/	Kevin Lam	17 March 2025				
Signature	Name	Date				
	hould a conflict be declared the panel chair is to ensure appropriate management measures are in place, as etermined by the chair, and countersign this form, noting any additional measures.					
Chair Signature	Name	Date				

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Puny	Louise Camenzuli	17 March 2025		
Signature	Name	Date		
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NIC	Ninos Khoshaba	17 March 2025				
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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