

## **Declaration of Interest**

ELECTRONIC DETERMINATION	Papers circulated electronically on 22 May 2025.
Panel reference	PPSSWC-442 - Fairfield - DA205.1/2024 - 94 Newtown Road, Wetherill Park
Chair	Justin Doyle

n relation to this matter, I declare that I have:		
no known conflict of interes	et ⊠ OR	
an actual $^1\square$ , potential $^2\square$ c	or reasonably perceived $^3\square$ conflict $^3$	of interest, as detailed below:
Júlon.	Justin Doyle	27 June 2025
Signature	Name	Date
	panel chair is to ensure appropriate ntersign this form, noting any addition	management measures are in place, as onal measures.
Chair Signature	Name	Date

<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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Please return this form to the Planning Panels Secretariat at <a href="mailto:enquiry@planningpanels.nsw.gov.au">enquiry@planningpanels.nsw.gov.au</a>

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-0 /		
Mhitte	David Kitto	27 June 2025
Signature	Name	Date
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<sup>&</sup>lt;sup>7</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.

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Dung	Louise Camenzuli	23 June 2025
Signature	Name	Date
	e panel chair is to ensure appropriat ountersign this form, noting any add	re management measures are in place, as itional measures.
Chair Signature	Name	Date

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N. MC		27 June 2025
Signature	Name	Date
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1/1/	Kevin Lam	27 June 2025
Signature	Name	Date
	the panel chair is to ensure ap countersign this form, noting	propriate management measures are in place, as any additional measures.
Chair Signature	Name	Date

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