

## CONFLICT OF INTEREST DECLARATION FOR CONCESSIONS AND OTHER APPLICATIONS

Name of Hearing panel member:

Applicant: Pure Tūroa Limited

Application for the operation of the Tūroa ski area

| CONFLICT OF INTEREST DECLARATION   |  |
|--|--|
| I declare to the best of my knowledge that I do not have:  | Place x in the column if you do not have an interest or connection.  Leave the column blank if you do have an interest or connection.    |
| any financial interest in or with the applicant (this can be in terms of shareholdings, financial arrangements etc).   | X  |
| any relatives or friends with a financial interest in or with the applicant (this can be in terms of shareholdings, financial arrangements etc).   | me 18/02/20  |
| a managerial or governance relationship with the applicant, such as a seat on the Board.   | X  |
| an interest as a trustee of a trust that holds shares in a company that is the applicant or as a trustee of a trust where the other trustees or the beneficiaries are applicants.  | ×  |
| any other relationship or interest that may impact on my impartiality.   | х  |
| I declare to the best of my knowledge that I   | Place x in the column if you are not an employee comproperty etc.  Leave the column blank if you are an employee or do own property etc. |
| am <b>not</b> an employee, advisor, director, or partner of another organisation or business and possessing confidential information about the same matters (note that having had a close connection on its own may be sufficient for a conflict to be perceived). | X  |
| do not own or occupy a piece of land related to the application.   | х  |
| have <b>not</b> received a gift, hospitality, or other benefit from the applicant.   | х  |
| do <b>not</b> have a professional relationship with the applicant. It could be the case that you have processed an application from this applicant before. If so, state this. Note that this is unlikely to disqualify you.  | х  |

| do <b>not</b> have an opinion about the applicant that could impact on my impartiality when processing or assessing the application.   |   |
|--|---|
| do not know the applicant any directors or staff personally.   | esh rous  |
| there are no blanks above, please sign and file this form.   | nheath to e   |
| there are blanks, please provide more detail in the space below  |   |
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