DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE VIA SCANNED E-MAIL TO governance@wollondilly.nsw.gov.au

MY FULL NAME	GIVEN NAME: NARELLE		SURNAME: HANDCOCK
RETURN PERIOD	1 JULY 2019	TO	** 28/1/20
			** Date of termination of my Employment, or Appointment, at Wollondilly Stire Council

A RE	AL PROPERTY			
tha	IP: You must include: (i) either the postal addresses of you had an interest in at any time during the Return Pe	rlod; (ii) the Nature of your Interest, is	or SP) of properties anywhere in Australia e Owner, Lessee, Beneficlary, Other	
OR if you	e an interest to declare select the words 'Refer Be have Nothing to Declare select the word 'Nil' in the on to Section B		Refer Below	
Address o Return Pe	f each parcel of real property in which I had an riod	interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLAC	E(S) OF LIVING (IN WHICH I HAD AN INT	EREST):		
No:	Street:		Owner	
Suburb:		State: NSW		
No:	Street:		Select from List	
Suburb:		State:		
OTHER F	EAL PROPERTY POSTAL ADDRESS DET	AILS:		
No:	Street:		Select from List	
Suburb:		State:		
No: Street:		Select from List		
Suburb:		State:		
No:	lo: Street:		Select from List	
Suburb:	Suburb: State:			
OR OTHE	R REAL PROPERTY PARTICULARS OF T	TITLE, IE LOT AND DP DETAI	ILS:	
No:	Street:		Select from List	
Suburb:	State:			
No:	Street:		Select from List	
Suburb:		State:		
No:	Street:		Select from List	
Suburb:	uburb: State:			

DISCLOSURE OF INTERESTS

3 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return F Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager elc Occupations include: (i) an employee of Council, (ii) an employee of ather organisations; (iii) self-employed; (iv) a consultant; (v) an Cacountant Management Accounting Telim Cader 2 SOURCES OF MY INCOME FROM A TRUST (sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the word 'Nil' in the adjacent Box OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box	
(sources, not amounts, of income I received from my Occupation(s) at any time during the Return F Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager etc Occupations include: (i) an employee of Council, (ii) an employee of other organisations; (iii) self-employed; (iv) a consultant; (v) and Accountant Manyamant Accounting Team Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571 2 SOURCES OF MY INCOME FROM A TRUST (sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	ed \$500
Description of Office held (if applicable) Occupations include: (i) an employee of Council; (ii) an employee of ather organisations; (iii) self-employed; (iv) a consultant; (v) and Accountant Manyamant Accounting Team Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571 2 SOURCES OF MY INCOME FROM A TRUST (sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	Period)
Manyament Accounting Team 2571 2 SOURCES OF MY INCOME FROM A TRUST (sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	Name of Partnership (if applicable)
2 SOURCES OF MY INCOME FROM A TRUST (sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	Office holder in a Company
(sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	
(sources of income, not amounts, I received from a Trust during the Return Period) If you have an interest to declare select the words 'Refer Below'	
	Nil
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF T	TRUSTEE
3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I received at any time during the Return Period) TIPS: a Other Sources of Income may include income from rental property, investments, business activities, welfab You must include a description sufficient to identify the person, property or business activity from whom which, that income was received. If you have an interest to declare select the words 'Refer Below'	
OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move on to Section C	Nil

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C GIFTS				
A TIP: Only include description of a single gift or m	nultiple gifts from the same do	onor, the total value of v	which exceeded \$500	
If you have an interest to declare select the words OR if you have Nothing to Declare, select the word and move to Section D		>	Nit	
If you declare a gift U then you MUST also comp Forms + Templates / Corporate Administration / Gi	lete a Gifts and Benefits Detaration	Declaration Form location Form	ited on Council's Intranet:	
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT TIME DURING THE RETURN PERIOD		NAME AND ADDRESS OF GIFT DONOR		
D CONTRIBUTIONS TO TRAVEL				
A TIP: Do not include payments by Council for you	ir work-related travel			
If you have an interest to declare select the words 'OR if you have Nothing to Declare, select the word and move to Section E	Refer Below'	0	Nil	
If you declare a travel contribution U then you MU Intranet: Forms + Templates / Corporate Administr	JST also complete a Gifts ration / Gifts and Benefits	and Benefits Declara Declaration Form	ation Form located on Council's	
NAME AND ADDRESS OF EACH PERSON WHO MA GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD		VEL WAS	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was green Shareholder) you held in a Corporation (including no or the position was a paid position	eater than 10% of voting righ ot-for-profit corporation) such	ts in the corporation (i as Director, whether or	You must declare any position (no not you held shares in the Corporation	
If you have an interest to declare select the words ' OR if you have Nothing to Declare, select the word and move to Section F		S	Nil	
If you declare a Position U you held in a Corporati Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	ion that had a relationship anet: Forms + Templates	with Council, you MI / Corporate Administ	JST complete a Conflict of ration / Declaration Form –	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	CORROBATION (EXCEPT IN	

DISCLOSURE OF **INTERESTS**

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR BUSINESS ASSOCIATIONS ATIP: Do not include general membership but include details of any positions held whether remunerated or not If you have an interest to declare select the words 'Refer Below' Nil OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD **DESCRIPTION OF POSITION**

G DEBTS		
A TIP: You do not need to provide information on (i) the amount building society, credit union or other financial institution such a		
If you have an interest to declare select the words 'Refer Belo OR if you have Nothing to Declare, select the word 'Nil' in the and move to Section H NAME AND ADDRESS OF EACH PERSON OR ORGANISATION DURING TH	adjacent Box	NII E TO PAY ANY DEBT AT ANY TIME
NAME OF CREDITOR	NAME OF CREDITOR ADDRESS OF CREDITOR	

DISPOSITIONS OF REAL PROPERTY



TIPS: You must disclose details:

- · of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property;
- · of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property;
- disposal includes
- · grant of a lease or licence for all or part of the land,
- · mortgage over your land,
- grant of easement over land by which you retain the ability to use the land,
- sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you
- · creation of an option to purchase land in favour of you;
- · creation by you of a charge over your land;
- transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary;
- . transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land;
- · transfer of title of your land subject to you continuing to receive a benefit, eg rent from the land.



DISCLOSURE OF INTERESTS

OR if you h		ect the words 'Refer Below' elect the word 'Nil' in the adjacent Box	5	Nil
Should yo	ou require more detailed e	xplanation on the information to be provide	d in this Section,	you should consult your solicitor.
R	ETURN PERIOD AS A	CH DISPOSITION OF REAL PROPERESULT OF WHICH I RETAINED, EITERTY OR THE RIGHT TO REACQUI	THER WHOLL	YOR IN PART, THE USE AND
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State;
No:	Street:	Suburb:		State:
RI BI	ETURN PERIOD, AS A ENEIFIT OF THE PROF			Y OR IN PART, THE USE AND
No:	Street:	Suburb:		State:
No:	Street:	Suburb:	Suburb:	
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State:
A TIP	CRETIONARY DIS 2: To be completed if you an interest to declare sele	u wish to make any additional disclosu	ures	
	ave Nothing to Declare, se rint, Sign and Date this For	elect the word 'Nil' in the adjacent Box	٥	Nit
MY SIGN	IATURE:			
DATE SIG	K12-1-4	2/2/20		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the drop-drown menu.
- Print the form.
- Sign and date this page.

Your form should then be forwarded via e-mail to governance@wollondilly.nsw.gov.au.