WOLLONDILLY SHIRE COUNCIL

TRIM NO. 2502-12

EXIT RETURNDISCLOSURE OF INTEREST\$

1 JULY 2019

MY FULL NAME GIVEN NAME:

RETURN PERIOD

27 SEP 2019

AUTH. No.

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

ANGLODER MICHAEL

SURNAME:

TO

A REAL PROF	PERTY			
A TIP: You must in Australia that you had ar Other	clude: (i) either the postal addres n interest in at any time during the F	ises OR particulars of Title, ie Lot and DP (or SP) of properties anywhere in Return Period; (ii) the Nature of your Interest, ie Owner, Lessee, Beneficiary		
	are select the words 'Refer Below CClare select the word 'Nil' in the			
Address of each parcel of re Return Period	eal property in which I had an i	interest at any time during the Nature of my Interest: Select from the drop-down list		
MY PLACE(S) OF LIV	ING (IN WHICH I HAD	AN INTEREST):		
No:	Stree			
Suburb:	State:	State:		
No:	Street:	Street:		
Suburb:	State:	State:		
OTHER REAL PROP	ERTY POSTAL ADDRE	SS DETAILS:		
No:	Street:			
Suburb:	State:	WOLLONDILLY SHIRE COUNCIL		
No:	Street:			
Suburb:	State:	2 6 SEP 2019		
No:	Street:	RECEIVED AT COUNTER		
Suburb:	State:	BY M/		
OR OTHER REAL PR	ROPERTY PARTICULAR	RS OF TITLE, IE LOT AND DP DETAILS:		
No:	Street:			

No:	Street:		
Suburb:	State:	State:	
No:	Street:		
Suburb:	burb: State:		
B SOURCES OF INCO	OME		
A A TIP: Only provide information where the	amount of income from an occup	ation, a Trust or other source,	exceeded \$500.
Ü 1 SOURCES OF (sources, not amounts, of income	MY INCOME FROM e I received from my Occupat		
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc	Name and Address Description of Office	e held (if applicable)	Name of Partnership (if applicable)
Occupations include: (i) an employee of Council			
STOKE MAW	Wollondilly Shire Council 62- NSW 2571	64 Menangle Street Picton	
PALTNER	1366 BAKE	CER CO AD	LANGIALE
2 SOURCES OF (SOURCES of income, not amount	MY INCOME FROM		
f you have an interest to declare select th DR if you have Nothing to Declare, select Ü	e words 'Refer Below'		(
NAME AND ADDRESS OF SET A TIP: The 'Settlor' is the name of a person who of	MANE AND ADDDESS OF		F TRUSTEE
(SOURCES of other income, not a		ne during the Return Period	
The second secon	e may include income from renta cription sufficient to identify the p ved.		ss activities, welfare payments; tivity from whom, or the circumstances
you have an interest to declare select the R if you have Nothing to Declare, select J nd move on to Section C		Вох	
	- 1		

State:

Suburb:

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 Bo and move to Section D	x Ü	NIC
If you declare a gift P then you MUST also complete a Gifts and Benefits Forms + Templates / Corporate Administration / Gifts and Benefits Declar		ated on Council's Intranet
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD		ADDRESS OF GIFT DONOR

D CONTRIBUTIONS TO TRAN	/EL		
A TIP: Do not include payments by Council for your wo	ork-related travel		
If you have an interest to declare select the words 'R OR if you have Nothing to Declare, select the word 'I Ü and move to Section E	defer Below' Nil' in the adjacent Box	NIC	
If you declare a travel contribution P then you MUS	T also complete a Gifts a	nd Benefits Declaration	Form located on Council's
Intranet: Forms + Templates / Corporate Administra	tion / Gifts and Benefits D	eclaration Form	
NAME AND ADDRESS OF EACH PERSON WHO MA GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	ME DATES		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIO A TIPS: (i) Declare only if your shareholding was great Shareholder) you held in a Corporation (including not or the position was a paid position	iter than 10% of voting right t-for-profit corporation) such	s in the corporation (ii)	You must declare any position (no t you held shares in the Corporation
If you have an interest to declare select the words 'F OR if you have Nothing to Declare, select the word ' and move to Section F		ΰM	11
If you declare a Position P you held in a Corporation Disclosure Form located on Council's Intranet: Form Interest – Council Officer	n that had a relationship v ns + Templates / Corpora	vith Council, you MUST te Administration / Decl	complete a Conflict of Interests aration Form – Conflict of
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	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR BUSINESS ASSOCIATIONS

A A TIP: 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'

NU
DESCRIPTION OF POSITION

G DEBTS	
A TIP: You do not need to provide information on (i) the amounts building society, credit union or other financial institution such as fo	of any debts; (ii) debts for less than \$500; (iii) debts to any relative, bar ryour home mortgage, credit card or department store
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 adj and move to Section H	acent Box Ü
NAME AND ADDRESS OF EACH PERSON OR ORGANISATION (C DURING THE	REDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT ANY TIME RETURN PERIOD
NAME OF CREDITOR	ADDRESS OF CREDITOR

DISPOSITIONS OF REAL PROPERTY

A TIPS: You must disclose details:

H

- 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.

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 to Section I	U	NIC
Should you require more detailed explanation on the information to be assemble	dia Mis O. P.	

WHOL	PARTICULARS OF EACH DIS DURING THE RETURN PERIOD LLY OR IN PART, THE USE AND QUIRE THE PROPERTY AT A LA	AS A RESULT OF WHICH I BENEFIT OF THE PROPERT	RETAINED, EITHER
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON Ü ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING BY DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEIFIT OF THE PROPERTY State: Suburb: Street: No: State: Suburb: Street: No: State: Suburb: Street: No: State: Street: Suburb: No:

I DISCRETIONARY DISCLOSURES		
A A TIP: To be completed if you wish to make any additional	al disclosui	res
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 then Print, Sign and Date this Form	Ü	

MY SIGNATURE:	?
DATE SIGNED:	



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 administration@wollondilly.nsw.gov.au.