DISCLOSURE OF INTERESTS

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

MY FU	LL NAME	GIVEN NAME: JERARD	SURNAME: TUNGCAB
** The date you commenced your Employs		** The date you commenced your	MARCH 2020 Employment, or Appointment, at Wollondilly Shire Council mmenced Acting in the Designated Position
A RE	AL PROPE	RTY	
AT that	P: You must incl	ude: (i) either the postal addresses OR particules in at the Return Date; (ii) the Nature of your	ars of Title, ie Lot and DP (or SP) of properties anywhere in Australia
If you have OR select	Nothing to Dec	clare, select the word 'Nil' and move on to r Below' in the adjacent Box withen move on to Section B	
Address of	f each parcel of	real property in which I had an interest at th	Nature of my Interest: Select from the drop-down list
MY PLAC	E(S) OF LIVII	NG (IN WHICH I HAD AN INTEREST):	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	
OTHER F	REAL PROPE	RTY POSTAL ADDRESS DETAILS:	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:	*	State:	
No:	Street:		Select from List
Suburb:		State:	
OR OTHE	ER REAL PRO	PERTY PARTICULARS OF TITLE, IE	LOT AND DP DETAILS:
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List

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Suburb:	State:	

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A TIF: Only provide information w	here the amount of income from ar	occupation, a Trust or other source,	is expected to exceed \$500.
		ON(S) an occupation in the period comm	nencing on the first day after
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc Name and Address of Emplo Description of Office held (if ap			Name of Partnership (if applicable)
Occupations include: (i) an employee of Co	ouncil; (ii) an employee of other organisa	ations; (iii) self-employed; (iv) a consultan	t; (v) an Office holder in a Company
Assistant Strategic Planner	Wollondilly Shire Council 62-64 Menangle Street Pictor	on NSW 2571	
OR select the words 'Refer Below' in	the adjacent Box		Nil
OR select the words 'Refer Below' in	the adjacent Box ve on to '3. Other Sources of m OF SETTLOR	ny Income' NAME AND ADDRES	
VA/	the adjacent Box ve on to '3. Other Sources of m OF SETTLOR		
OR select the words 'Refer Below' in enter relevant details below then mo NAME AND ADDRESS ATIP: The 'Settlor' is the name of a	the adjacent Box ve on to '3. Other Sources of m OF SETTLOR a person who created the Trust MY INCOME ther income I expect to receive		SS OF TRUSTEE
OR select the words 'Refer Below' in enter relevant details below then mo NAME AND ADDRESS ATIP: The 'Settlor' is the name of a 3 OTHER SOURCES OF I (sources, not amounts, of o and ending on the following) TIPS: a Other Sources of Income	the adjacent Box ve on to '3. Other Sources of m OF SETTLOR a person who created the Trust MY INCOME ther income I expect to receive 30 June) a may include income from rental propertion sufficient to identify the per	NAME AND ADDRES	SS OF TRUSTEE First day after the Return Dates, welfare payments;
NAME AND ADDRESS NAME AND ADDRESS ATIP: The 'Settlor' is the name of a settlor' is the name of	or the adjacent Box ve on to '3. Other Sources of more of the Settler of the Trust MY INCOME ther income I expect to receive a 30 June) or may include income from rental precipition sufficient to identify the perceived. ect the word 'Nil' and move on the set of the source of the set	in the period commencing on the roperty, investments, business activity from the property or business activity from the property of the property of the property or business activity from the property of the	es, welfare payments; om whom, or the circumstances
NAME AND ADDRESS NAME AND ADDRESS A TIP: The 'Settlor' is the name of a settlor' is the name o	or the adjacent Box ve on to '3. Other Sources of more of the second of	in the period commencing on the roperty, investments, business activity from the property or business activity from the property of the property of the property or business activity from the property of the	SS OF TRUSTEE First day after the Return Dates, welfare payments;

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TIPS: (i) Declare only if your shareholding was gr	The state of the s	and a superior of the superior		
Shareholder) you held in a Corporation (including Corporation or the position was a paid position	eater than 10% of voting right ng not-for-profit corporation)	s in the corporation (ii) such as Director, wheth	You must declare any position (no er or not you held shares in th	
If you have Nothing to Declare, select the word 'N	il' and move on to Section	D	Va.	
OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section D			Nil	
If you declare a Position you held in a Corporat Interests Disclosure Form located on Council's Intr Conflict of Interest – Council Officer				
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT THE RETURN DATE	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)	
D POSITIONS IN TRADE UNIONS A TIP: Do not include general membership but inc	lude details of any positions h	eld whether remunerated		
If you have Nothing to Declare, select the word 'N OR select the words 'Refer Below' in the adjacent lenter relevant details below then move on to Section	Box ⊃	E	Nil	
NAME OF EACH TRADE UNION AND EACH PROF	FORIONIAL OR BUILDINGS A	Cara Contract Contrac		
IN WHICH I HELD ANY POSITION (WHET AT THE RETURI	HER REMUNERATED OR N	OT)	DESCRIPTION OF POSITION	
IN WHICH I HELD ANY POSITION (WHET	HER REMUNERATED OR N	OT)	DESCRIPTION OF POSITION	
IN WHICH I HELD ANY POSITION (WHET	HER REMUNERATED OR N	OT)	DESCRIPTION OF POSITION	
IN WHICH I HELD ANY POSITION (WHET	HER REMUNERATED OR N	OT)	DESCRIPTION OF POSITION	
E DEBTS	THER REMUNERATED OR NO NOTE	(ii) debts for less than \$5	500; (iíi) debts to any relative, ban	
E DEBTS A TIP: You do not need to provide information on	(i) the amounts of any debts; ution such as for your home nil' and move on to Section	(ii) debts for less than \$5 nortgage, credit card or de	500; (iii) debts to any relative, ban	
E DEBTS A TIP: You do not need to provide information on building society, credit union or other financial instit If you have Nothing to Declare, select the word 'N OR select the words 'Refer Below' in the adjacent lenter relevant details below then move on to Section NAME AND ADDRESS	(i) the amounts of any debts; ution such as for your home n il' and move on to Section Box On F	(ii) debts for less than \$5 nortgage, credit card or de	500; (iii) debts to any relative, ban epartment store Nil	
E DEBTS A TIP: You do not need to provide information on building society, credit union or other financial instit If you have Nothing to Declare, select the word 'N OR select the words 'Refer Below' in the adjacent lenter relevant details below then move on to Section NAME AND ADDRESS	(i) the amounts of any debts; ution such as for your home noted if and move on to Section Box	(ii) debts for less than \$5 nortgage, credit card or de	500; (iii) debts to any relative, ban epartment store Nil	
E DEBTS A TIP: You do not need to provide information on building society, credit union or other financial instit If you have Nothing to Declare, select the word 'N OR select the words 'Refer Below' in the adjacent enter relevant details below then move on to Section NAME AND ADDRESS TO WHOM I WAS L	(i) the amounts of any debts; ution such as for your home n il' and move on to Section Box On F	(ii) debts for less than \$5 nortgage, credit card or defended by the second control of t	500; (iii) debts to any relative, ban epartment store Nil	

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A TIP: To be completed if you wish to make any additional disclosures	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box OR select the words 'Refer Below' in the adjacent Box enter relevant details below and then Print, Sign and Date this Form	Nil

MY SIGNATURE:	
DATE SIGNED:	25 March 2020

NEXT STEPS:

- Print the form.
- Sign and date this page.
- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the drop-drown menu.
- Your form should then be forwarded via e-mail to governance@wollondilly.nsw.gov.au.
- Did you complete the optional Statutory Declaration on the next page? If 'yes' you must list the reasons for completing the form and then have your signature witnessed by a Justice of the Peace.