



Form 4 - Register of Members' Interests (Ordinary Return)

Please read instructions and notes below before completing this return

Name:

RAKESH CHEWPARSAB

Office held:

COUNCILLOR (EAST WARD)

Statements to be completed:

- Provide a statement of any income source of a financial benefit⁴ that you have or a person related to you⁵ has received, or was entitled to receive, during the return period.

PEER
1042 PORT RD, ALBERT PARK
TRAINER & ASSESSOR

- State the name of any company or other body, corporate or unincorporate, in which you held, or a member of your family⁸ held, any office during the return period whether as director or otherwise.

- If you, or a member of your family⁸, received a contribution in cash or in kind of or above the amount of \$750 for or towards the cost of travel⁹ beyond the limits of the State during the return period (other than a contribution by the council, the State, an employer or a person related to you by blood or marriage), state the source of the contribution.

- Provide particulars (including the name of donor) of any gift¹⁰ of or above the amount or value of \$750 received by you or a person related to you⁵ during the return period other than a person related by blood or marriage.

- If you, or a person related to you⁵, has, as a party to a transaction, had the use of property of the other person during the return period and –

a) the use of property was not acquired for adequate consideration or through an ordinary commercial transaction or in the ordinary course of business; and

b)

the market value of the right is \$750 or more; and

c) the person granting the right is not related by blood or marriage, state the name and address of that other person.

- State the name or description of any company, partnership, association or other body in which you or a person related to you⁵ is an investor¹¹.

AIA LIFE INSURANCE
CLEARVIEW LIFE INSURANCE

- State the name of any political party, any body or association formed for political purposes or any trade or professional organisation¹² of which you are a member.

- State the name and business address of any employer for whom you work and, if you are employed, the name of the office or place where you work or a concise description of the nature of your work.

PEER
1042 PORT RD, ALBERT PARK
TRAINER & ASSESSOR

- Provide a concise description of any trust (other than a testamentary trust) of which you or a person related to you⁵ is a beneficiary or trustee, and the name and address of each trustee.

- Provide the address or description of any land in which you have or a person related to you⁵ has any beneficial interest¹³ other than by way of security for any debt.

[REDACTED]
13 DARTMOUTH ST, DAUGREN PARK
7 REUNION LANE, M-LAKES
20-35 VICTORIA POE, M-LAKES

- Provide details of any fund in which you or a person related to you⁵ has an actual or prospective interest to which contributions are made by a person other than you or a person related to you⁵.

BRIGHT SUPERANNUATION
FUND

- If you are or a person related to you⁵ is indebted to another person (not being related by blood or marriage) in an amount of or exceeding \$7 500—state the name and address of that other person.

PEOPLE CHOICE CREDIT UNION
COMMONWEALTH BANK

- If you are or a person related to you⁵ is owed money by a natural person (not being related by blood or marriage) in an amount of or exceeding \$10 000—state that person.

-
- Declare any other substantial interest of yours or of a person related to you⁵ whether of a pecuniary nature or not, of which you are aware and which you consider might appear to raise a material conflict between your private interest and the public duty that you have or may subsequently have as a member of the council.

-
- Provide any other additional information which you think fit.

Signature:

A handwritten signature in black ink, appearing to read "A. W. P. S. A. J.", written over a horizontal line.

Date:

27 / 07 / 2023



Primary Return—Register of interests—Council member

s.65 and Schedule 3 clause 2(a1) Local Government Act 1999

Please read instructions and notes below before completing this return.

SURNAME: CHEW PARSAD

OTHER NAMES: RAKESH

OFFICE HELD: COUNCILLOR (EAST WARD)

Registrable interests	Details
1 Provide a statement of any income source ² that you have or a designated person or entity in relation to you ³ has or expects to have in the period of 12 months after the date of the primary return.	PEER 1042 PORT RD, ALBERT PARK
2 State the name of any company or other body, corporate or unincorporate, in which you hold, or a member of your family ⁴ holds, any office whether as director or otherwise.	
3 State the name or description of any company, partnership, association or other body in which you or a designated person or entity in relation to you ³ is an investor ⁵ .	1. AIA LIFE INSURANCE 2. CLEARVIEW LIFE INSURANCE
4 State the name and business address of any employer for whom you work and, if you are employed, the name of the office or place where you work or a concise description of the nature of your work.	PEER 1042 PORT ROAD, ALBERT PARK TRAINER & ASSESSOR
5 State the name of any political party, any body or association formed for political purposes or any trade or professional organisation ⁶ of which you are a member.	N/A NONE

