

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

Please read instructions and notes below before completing this return

Name: **RAKESH CHEWPARSAD**

Office held: **COUNCILLOR (EAST WARD)**

### Statements to be completed:

1. Provide a statement of any income source of a financial benefit<sup>4</sup> that you have or a person related to you<sup>5</sup> has received, or was entitled to receive, during the return period.  
**PEER 1042 PORT RD, ALBERT PARK  
SENIOR TRAINER & ASSESSOR**

2. State the name of any company or other body, corporate or unincorporate, in which you held, or a member of your family<sup>8</sup> held, any office during the return period whether as director or otherwise.

3. If you, or a member of your family<sup>8</sup>, received a contribution in cash or in kind of or above the amount of \$750 for or towards the cost of travel<sup>9</sup> 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.

4. Provide particulars (including the name of donor) of any gift<sup>10</sup> of or above the amount or value of \$750 received by you or a person related to you<sup>5</sup> during the return period other than a person related by blood or marriage.

5. If you, or a person related to you<sup>5</sup>, 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.

6. State the name or description of any company, partnership, association or other body in which you or a person related to you<sup>5</sup> is an investor<sup>11</sup>.  
**AIA LIFE INSURANCE  
CLEARVIEW LIFE INSURANCE**

7. State the name of any political party, any body or association formed for political purposes or any trade or professional organisation<sup>12</sup> of which you are a member.

8. 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  
SENIOR TRAINER & ASSESSOR**

9. Provide a concise description of any trust (other than a testamentary trust) of which you or a person related to you<sup>5</sup> is a beneficiary or trustee, and the name and address of each trustee.



- 10. Provide the address or description of any land in which you have or a person related to you<sup>5</sup> has any beneficial interest<sup>13</sup> other than by way of security for any debt. 13 DARTMOUTH ST, DAVOREN PARK  
7 REUNION LANE, MAWSON LAKES  
20-35 VICTORIA 'RDE, MAWSON LAKES

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- 11. Provide details of any fund in which you or a person related to you<sup>5</sup> has an actual or prospective interest to which contributions are made by a person other than you or a person related to you<sup>5</sup>. RIGHT SUPERANNUATION FUND

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- 12. If you are or a person related to you<sup>5</sup> 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

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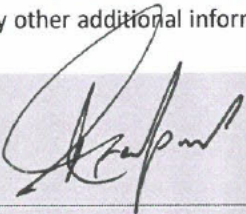
- 13. If you are or a person related to you<sup>5</sup> is owed money by a natural person (not being related by blood or marriage) in an amount of or exceeding \$10 000—state that person.

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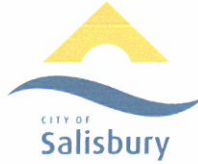
- 14. Declare any other substantial interest of yours or of a person related to you<sup>5</sup> whether of a pecuniary nature or not, of which you are aware and which you consider might appear to raise a material conflict between your private interest and the public duty that you have or may subsequently have as a member of the council.

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

Signature: 

Date: 12 - 08 - 2024



## 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 benefit<sup>4</sup> that you have or a person related to you<sup>5</sup> 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 family<sup>8</sup> held, any office during the return period whether as director or otherwise.

- If you, or a member of your family<sup>8</sup>, received a contribution in cash or in kind of or above the amount of \$750 for or towards the cost of travel<sup>9</sup> 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 gift<sup>10</sup> of or above the amount or value of \$750 received by you or a person related to you<sup>5</sup> during the return period other than a person related by blood or marriage.

- If you, or a person related to you<sup>5</sup>, 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 you<sup>5</sup> is an investor<sup>11</sup>.

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 organisation<sup>12</sup> 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 you<sup>5</sup> 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 you<sup>5</sup> has any beneficial interest<sup>13</sup> 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 you<sup>5</sup> has an actual or prospective interest to which contributions are made by a person other than you or a person related to you<sup>5</sup>.

BRIGHT SUPERANNUATION  
FUND

- If you are or a person related to you<sup>5</sup> 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 you<sup>5</sup> 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 you<sup>5</sup> 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.

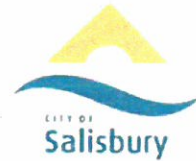
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- Provide any other additional information which you think fit.

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 <sup>2</sup> that you have or a designated person or entity in relation to you <sup>3</sup> 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 <sup>4</sup> 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 <sup>3</sup> is an investor <sup>5</sup> .	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 <sup>6</sup> of which you are a member.	N/A NONE

