

CONSENT TO ACT AS A DIRECTOR

To:

Company Name	
Company ACN	
Company Address1	

I consent to Act as Director of the Company with effect from the date of this consent.

My personal details are as follows:

Full name	
Usual Residential Address	
Town/ State / Postcode	
Place of Birth	
Date of Birth	
Director ID Number	

I declare the following interests	
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If you have no conflicts of interest – write nothing to declare

Signed.....

Date of consent	
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