

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 | |

| | |
|-----------------------------------|--|
| I declare the following interests | |
|-----------------------------------|--|

If you have no conflicts of interest – write nothing to declare

Signed.....

| | |
|-----------------|--|
| Date of consent | |
|-----------------|--|