

## CONSENT FORM TO ACT AS OFFICEHOLDER/SHAREHOLDER

**Proposed Company Name:**

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I hereby consent to act as the following:

Director

Secretary

Public Officer

Shareholder

in the above named company and provide the following information:

---

Full name

---

ACN (if applicable)

---

Address

---

Date of Birth

---

Place of Birth (Town and Country)

---

Signature

---

Date

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Address

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Date of Birth Place of Birth (Town and Country)

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Signature Date

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Signature Date