

CONSENT TO ACT

To: The Board of Directors of

SHIRLEY ROSE SUPERANNUATION PTY LTD
ACN 603 648 282

I hereby consent to act as *Director/Alternate Director/Secretary/Public Officer/Member of the Company and I require you to table at the next meeting of the Company the following information:

FULL NAME: SHIRLEY ROSE SMITH
RESIDENTIAL ADDRESS: 195 DUNLIN DRIVE
BURLEIGH WATERS QLD 4220
FORMER NAME/S:
DATE OF BIRTH: 26/07/1955
PLACE OF BIRTH: WICKFORD UNITED KINGDOM

DATED: 12/01/2015

SIGNATURE: 
SHIRLEY ROSE SMITH

**Strike out if not applicable*