

APPLICATION FOR FUND MEMBERSHIP

NOMINATION OF BENEFICIARIES

NAME OF FUND: THE T.F.S. SUPERANNUATION FUND I hereby nominate the following person to receive the benefits payable by the Fund in the event of my death.

YOUR DETAILS: I further declare that this nomination only expresses my wishes and is to be a guide to the Trustee, and that consequently this nomination is not deemed to be of any significance. Name: ROSLYN LENICE POCKOCK

Address: A new nomination may be made at any time with the approval of the Trustee. 9, MOY CRESCENT

NAME ADDRESS TO MEMBER KATHERINE MONTAGNI 0850

Date of Birth: 9/1/54 Employed by: SIX TRAW PLY LTD (if applicable)

A. I hereby apply for admission as a Member of the fund and, in consideration of my admission as a Member, I agree to abide by and to be bound by the provisions of the Trust Deed governing the Fund.

B. I understand that a copy of the Trust Deed will be made available to me for perusal on demand at a reasonable time.

C. I hereby acknowledge receipt of written notice of the rights which I, if admitted as a Member, will have to receive benefits under the Fund.

D. I acknowledge that the name of the Trustee has been advised to me, and I consent to those parties acting as Trustee.

E. I agree that whilst there are fewer than 6 members, an independent registered auditor need not be appointed.

Signature Roslyn Pockock

Witness X [Signature]

Date: 30/6/93