

COMPANY POWER OF ATTORNEY INFORMATION SCHEDULE

The following is a list of the information required to prepare a company power of attorney on your behalf.

1. COMPANY DETAILS

Company Name	
ACN	
Registered Address	
Director Full Names	
Address	
Is it a sole director company?	

2. ATTORNEY DETAILS

Full Name	
Address	

3. ADDITIONAL ATTORNEY DETAILS (IF APPLICABLE)

Full Name	
Address	

4. MULTIPLE ATTORNEYS (IF APPLICABLE)

Please select the preferred option

Jointly - I want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office.

Jointly - I do **not** want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office.

Jointly and Severally – the attorneys may act individually, or together with the other attorneys if they choose.

5. COMMENCEMENT

Please select when the Company Power of Attorney should come into force

- Only in the event of the death, bankruptcy, mental incapacity or serious or prolonged ill health of the director(s) of the Company
- Upon execution of the Company Power of Attorney by all parties

6. DOCUMENTS

Please provide us with copies of the following documents for our review:

- The Company's Constitution or Memorandum and Articles of Association
- The Shareholders Agreement (if any) in relation to the Company.