



Co-operative Bulk Handling Limited
ABN 29 256 604 947

APPOINTMENT OF CORPORATE REPRESENTATIVE FORM

COMPANY NAME:

of ADDRESS:

Associated Grower Delivery Number:

being a **member** of Co-operative Bulk Handling Limited (the Co-operative), appoints

(FULL NAME IN BLOCK LETTERS)

of _____
(full street address)

to act as its representative at all meetings of the Co-operative.

Please state if there are any restrictions on the representative's power:

Yes
No

If yes, please describe these restrictions:

Contact Name

Telephone Number

Sign Here – This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with the instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions.

Director

Director/Company Secretary

Sole Director and
Sole Company Secretary

Print Full Name

Print Full Name

Print Full Name

____ / ____ / ____
Day Month Year

Please refer to instructions overleaf

HOW TO COMPLETE THIS FORM

Appointment of Corporate Representative

Enter the name of the person you wish to appoint as a corporate representative.

State if there are any restrictions to the representative's power and, if so, describe these.

Please enter contact details so that we can call you if we have a query regarding this form.

Signature(s)

You must sign this form as follows in the spaces provided.

Companies - this form must be signed by either 2 Directors or a Director and a Company Secretary. Alternatively, where the company has a Sole Director and, pursuant to the Corporations Act, there is no Company Secretary, or where the Sole Director is also the Sole Company Secretary, that Director may sign alone. Delete titles as applicable.

Returning the form

Upon completion the form should be returned to CBH via email, fax or mail using the following details:

Email: growerservicecentre@cbh.com.au

Fax: (08) 9322 3942

Mail:

The Share Registrar
Co-operative Bulk Handling Limited
GPO Box L886
Perth WA 6842