

CONSENT TO ACT AS OFFICER

TO: The Directors

 Australian National Working Equitation Limited

 A.C.N. 610 777 853

I hereby notify the Company of my consent to act as a Director of the Company. The following is to be tabled at the next meeting of Directors:

Full Name:

Residential Address:

Date of Birth:

Place of Birth:

Signed:

Date:

CONSENT TO BECOME A MEMBER

TO: The Directors

 Australian National Working Equitation Limited

 A.C.N.

We hereby consent to Australian National Working Equitation Limited being incorporated as a public company limited by guarantee. We hereby notify Australian National Working Equitation Limited of our consent to become a member of Australian National Working Equitation Limited and agree that our liability as a member is limited to the sum of \$1.00. Our details are set out below:

Full Name: Working Equitation Australia – NSW Incorporated
Address: 96 Shirley Road Wollstonecraft, NSW, 2065
Registration No: INC 1301504

Signed:

Date:

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TO: The Directors

 Australian National Working Equitation Limited

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