

4 Details of company director

Family name	Given names	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb/City	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family name	Given names	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb/City	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Signature

This form must either be signed by one director on behalf of all directors or by each director

Single director signing on behalf of all other directors

I certify that I am signing on behalf of myself and all other company directors and that the information in this declaration is true and complete.

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

If there is insufficient space in this section for all directors to sign, you may photocopy the relevant page(s) and submit as part of this lodgement

All directors signing the declaration

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]