

# Co-operative Bulk Handling Limited ABN 29 256 604 947

## APPOINTMENT OF CORPORATE REPRESENTATIVE FORM

COMPANY NAME:	
of ADDRESS:	
Associated Grower Delivery Number:	
being <b>a member</b> of Co-operative Bulk Handling L	imited (the Co-operative), appoints
(FULL NAME IN I	BLOCK LETTERS)
of(full stree	et address)
·	•
to act as its representative at all meetings of the	Co-operative.
Please state if there are any restrictions on the re-	epresentative's power:  Yes  No
, , ,	
Contact Name	Telephone Number
	·
Sign Here – This section must be signed for y I/We authorise you to act in accordance w	
acknowledge that these instructions supersede a	
Director Director/Company	Secretary Sole Director and Sole Company Secretary
Print Full Name Print Full Name	Print Full Name
	/// Day Month Year
	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