

**AUSTRALIAN WOOL INNOVATION LIMITED**

**CONSENT TO NOMINATION FORM**

**(MUST be received by AWI between 1 September 2017 and 18 September 2017)**

To: Company Secretary  
Australian Wool Innovation Limited  
Level 6, 68 Harrington Street  
The Rocks NSW 2000

I notify my consent to nomination for appointment as a Director of the Company and declare that:

1. My present given name/s and family name are:

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2. My former given name/s and family name/s were (if applicable):

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3. My date of birth is:

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4. My place of birth is:

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5. My present residential address is:

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Signed

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Date