

AUSTRALIAN WOOL INNOVATION LIMITED

CONSENT TO NOMINATION FORM

(MUST be received by AWI between 6th September 2019 and 24th September 2019)

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:

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

3. My date of birth is:

4. My place of birth is:

5. My present residential address is:

Signed

Date
