AUSTRALIAN WOOL INNOVATION LIMITED

CONSENT TO NOMINATION FORM

(<u>MUST</u> be received by AWI between 2nd September 2021 and 20th September 2021)

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

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