

**AUSTRALIAN AND NEW ZEALAND GASTROENTEROLOGY INTERNATIONAL  
TRAINING ASSOCIATION LIMITED  
ACN 601 657 185  
("Company")**

**CONSENT TO ACT AS A DIRECTOR UNDER THE *CORPORATIONS ACT 2001*  
(CTH)**

I consent to act as a Director of the Company.

Section 205B particulars:

Full name: \_\_\_\_\_

Former names  
(if any): \_\_\_\_\_

Residential address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Dated: \_\_\_\_\_ 2020

Signed: \_\_\_\_\_