

SCHEDULE I

**The Board of Directors of
The Australian Federation of Totally
and Permanently Incapacitated
Ex Service Men and Women Limited**

MEMBER INFORMATION ADVICE

MEMBER FULL NAME:.....
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MEMBER PHYSICAL ADDRESS:
.....
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MEMBER POSTAL ADDRESS:
.....
.....

MEMBER TELEPHONE NUMBER:
.....

MEMBER FACSIMILE ADDRESS:

MEMBER EMAIL ADDRESS:

DIRECTOR(S) REPRESENTING THE MEMBER:

FULL NAME:

PHYSICAL ADDRESS:.....
.....

POSTAL ADDRESS:

TELEPHONE NUMBER:

FACSIMILE NUMBER:.....

EMAIL ADDRESS:

DATE AND PLACE OF BIRTH:.....

DIRECTOR(S) REPRESENTING THE MEMBER:

FULL NAME:

PHYSICAL ADDRESS:.....

.....

POSTAL ADDRESS:

.....

TELEPHONE NUMBER:

FACSIMILE NUMBER:.....

EMAIL ADDRESS:

DATE AND PLACE OF BIRTH:.....

AND THE MEMBER HEREBY CONFIRMS APPOINTMENT OF THE FEDERATION DIRECTOR(S) TO THE BOARD OF DIRECTORS.

SIGNED AND SEALED BY THE MEMBER:

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