

**AUSTRALIAN CATHOLIC UNIVERSITY LIMITED**

ACN 15 050 192 660

**CONSENT TO ACT AS DIRECTOR**

I, \_\_\_\_\_  
(full name)

of \_\_\_\_\_  
(residential address)

\_\_\_\_\_

\_\_\_\_\_

(profession)

\_\_\_\_\_

(employer)

consent to act as a director of Australian Catholic University Limited, a company incorporated in the State of Victoria.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signature \_\_\_\_\_

Previous name(s) \_\_\_\_\_

The above information is required in accordance with s201D (Consent to act as a director) of the Corporations Act (under Part 2D.3). This information is collected in accordance with [ACU's Privacy Policy](#) and the [Privacy Collection Notice: ACU Senators and External Chairs](#)

*Please return the completed form to [senate@acu.edu.au](mailto:senate@acu.edu.au)*