

REGISTER OF ENVIRONMENTAL ORGANISATIONS

Public Fund Management Committee Member Resignation/Removal Form

Name of Organisation and ABN: _____

Name of Public Fund: _____

Full name of Resigned/Removed Member(s): _____

Names of persons remaining on the Public Fund Management Committee:

| Title | First Name | Last name | Post nominals | Responsible person (Yes/No) |
|-------------|-------------|--------------|---------------|-----------------------------|
| <i>Prof</i> | <i>John</i> | <i>Smith</i> | <i>OAM</i> | <i>Yes</i> |
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I declare that the details provided in this form are true and accurate knowing that giving false or misleading information is a serious offence.

Full Name _____

Signature _____ **Date** / / _____

(To be signed by a person authorised to do so on behalf of the organisation—such as the president, secretary, public officer or trustee—after making diligent inquiry and on the basis of their own knowledge)