

THIRD PARTY AUTHORITY FORM

Please complete, sign and return this form to Quintis by:

- Email: info@quintis.com.au
- Fax: +61 8 6323 3350
- Post: PO Box 260, West Perth WA 6872

Important

Use this form to authorise a Third Party to act as your agent in respect of your sandalwood investment(s) in Quintis and its entities. By signing and submitting this form you are providing the Third Party authority to request and obtain any information or documents in relation to your investment. The Third Party does not have permission to change or transfer your investment.

Your Details

| | | | |
|------------------------------|-----|-----------|--|
| Grower Number Reference | G1- | | |
| I, (insert Grower Full Name) | | | |
| Of, (insert Address) | | | |
| Email | | Telephone | |

Third Party Details

| | | | |
|--|--|---------------|--|
| Insert Full Name and/ or Company Name of Third Party | | | |
| Postal Address | | Email address | |
| Telephone | | Fax Number | |

AUTHORISATION

- I/We hereby authorise the above-named Third Party to request and receive information about my/our sandalwood investment(s).
- The above-named Third Party understands they are not authorised to change my details or transfer my/our investment.
- I understand that this authority will remain in effect unless and until I provide further instructions to Quintis.

GROWER DECLARATION & SIGNATURE

I have read the above information and I understand the terms on which this authority is made.

Signature

Signing as: Individual Director Sole Director

Print Name

Date of Signature

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD | MM | YY |

Signature

Signing as: Individual (joint holder) Director Company Sec

Print Name

Date of Signature

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD | MM | YY |