# [insert logo (if any) of the corporation]

# [insert name of Aboriginal and Torres Strait Islander corporation]

# ICN

## Consent to be contact person

|  |  |  |
| --- | --- | --- |
| I, |       | (full name of person) |
| of |       | (residential address—a postal address is not sufficient) |
|  |  |  |
| consent to serve as contact person for the corporation and **I agree to pass on all communications—**letters, emails, telephone calls and messages—to at least one director within 14 days of receiving them.

|  |  |  |
| --- | --- | --- |
| My date of birth is |       | (date of birth) |

I confirm that **I am not disqualified from managing a corporation** and will notify the corporation if I am disqualified in future. (See below for what would automatically disqualify a person.)  |
| Signature of person |  |  |
| Date |       |  |

**Notes:**

The following circumstances automatically disqualify a person from managing an Aboriginal or Torres Strait Islander corporation:

* conviction of an offence under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) that is punishable by imprisonment for more than 12 months
* conviction of an offence involving dishonesty that is punishable by imprisonment for at least three months
* conviction of an offence against the law of a foreign country that is punishable by imprisonment for more than 12 months
* undischarged bankruptcy
* breach of a personal insolvency agreement
* disqualification under the *Corporations Act 2001* from managing a corporation.

This form should be completed and returned to the corporation before the contact person is appointed—
section 257-15(2) of the CATSI Act.