

QF264

BOARD MEMBERS DECLARATION and AGREEMENT TO ACT ENHANCED LIFESTYLES INCORPORATED and LIFESTYLE ASSISTANCE & ACCOMMODATION SERVICE INCORPORATED

You have been nominated for a position on the Board. As part of our governance risk management process we must ensure that you are eligible to take up a position on the Board prior to tabling your nomination at the upcoming general meeting of members.

Enhanced Lifestyles Inc and Lifestyle Assistance & Accommodation Service Inc (LAAS) are required to ensure that all people elected to the Board are not precluded from Board Membership under the Associations Incorporation Act (Section 30) and under our Constitution.

Please complete the Sections below and return this form with your biography to the office no later than 4 days prior to the general meeting.

Issue Date: 24.05.2019



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| Section 1: Your details | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|------------------------------|--|
| Your full name: | | _ | DOB: | |
| | | | | |
| Residential address: | | | | |
| Postal address: | | | | |
| Email and phone cont | acts: | | | |
| Other Boards/Management | | | | |
| Committees you are a have been a member of | | | | |
| | | | | |
| Training or experience relevant to the role of with Enhanced Lifests | Board Member | | | |
| with Enhanced Lifesty | ries of LAA5: | | | |
| | | | | |
| | | | | |
| Section 2: Answer 'yes' or 'no' to the following statements (the left hand column relates to S30 of the Act, the right relates to the Constitution and conflict of interest) | | | | |
| I am insolvent under ad | ministration | | I am a current | |
| i.e. bankrupt | | | Member of the Association | |

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| I have been convicted on an indictment of an offence in connection with the promotion, formation or management of a body corporate | I am currently employed by the Association |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| I have been convicted of an offence involving fraud or dishonesty punishable on conviction by imprisonment for a period of not less than three months | I am a current customer of the Association |
| I have been convicted on another type of indictable offence | I am aged 18 years and over |
| I have been convicted of an offence against section 39A of the Act – intent to deceive or defraud | I regularly enter into contracts with the Association for the provision of goods or services |
| I have been convicted of an offence against section 41B of the Act – failure to provide liquidator of an incorporated association with records | Relatives, friends or professional colleagues are employees or contractors of the Association |

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| I have been convicted of an offence against section 60 of the Act – misrepresented oneself to gain personal advantage by falsely representing that a body is an association under the Act | I am, or a relative, friend or colleague is, related or personally or professionally connected to the auditor |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| I have been convicted of any other offence under the Act | |
| NB. 'Act' means Associations Incorporation Act Time span: offences committed within the past 5 years or released from prison within the past 5 years Scope: National | Exceptions: have been granted leave of the Commission under S30 of the Act Indictable offence: an offence that is eligible to be heard by a jury |

Section 3 - Conflict of Interest

| Please indicate here if there is any real or perceived conflict of interest that would affect |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| your role as a Board Member A conflict of interest can arise for example if you are a government employee involved with grant funding or grant administration, or the owner or director of a company that Enhanced Lifestyles or LAAS has a business relationship with, or if you are closely connected with an employee or the auditor of the Association. |
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Section 4 – National Police Clearance

Do you have a current national police clearance? Yes/No (if you do not have one, you will be required to obtain one and bring it to the office to cite and photocopy)

NB Current means within the last 2 years

| If your police clearance was obtained more than 6 months ago please declare any offences that you have committed since the clearance was obtained. | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| I declare that the information provided is tru | e and correct, to the best of my knowledge. | | | |
| Name: | _Signature: | | | |
| Date:/ | | | | |
| If elected, I agree to act as a Board Membe | r and fulfil the obligations of my role. | | | |
| Name: | _Signature: | | | |
| Date:/ | | | | |
| End of document. | | | | |

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