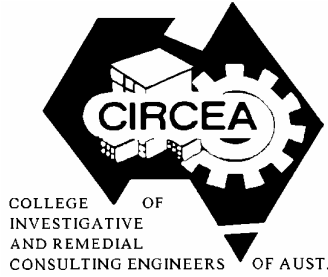


COMMERCIAL-IN-CONFIDENCE

The Honorary Secretary
CIRCEA Inc,
Suite 106, Building B,
20 Lexington Drive,
Bella Vista NSW 2153
Fax: 02 9836 5222



ANNUAL DECLARATION BY A CIRCEA CORPORATE MEMBER

I.
Surname / family name given names
a Director of. ABN
Company name (Provide list of Directors/Partners) Director/Associate Director
Postal address

Declare that:

- 1. I am a corporate member of the College of Investigative and Remedial Consulting Engineers of Australia
2. I continue to have as a predominant portion of my business the practice of Investigative and Remedial consulting engineering
3. I have Corporate membership of the Institution of Engineers Australia OR Please give details equivalent learned society
4. I am registered on the National Professional Engineers Register - NPER - with the Engineers Australia.
5. I have a minimum of twenty years (20) professional experience.
6. I have played a recognised leadership role in my field of expertise.
7. I am paid for advice and services solely by clients' fees.
8. I am independently situated to accept commissions for engineering design, investigations, inspection or review from the general public, and to operate from a clearly designated place of work without restriction from other employment activities.
9. The company and I are insured by an established and registered insuring agency for professional indemnity cover:
• the insurer is.
• with a policy cover of \$A Exclusive of costs of Defense & Court Attendance
• an excess (uninsured deductible) of \$A (PLEASE ADVISE) and
• inclusions: (please tick and add to list if other inclusions incorporated in policy)
LIBEL AND SLANDER PREVIOUS BUSINESS
FIDELITY DISHONESTY
OUTGOING PRINCIPALS LOSS OF DOCUMENTS
BREACH OF FIDUCIARY DUTY TRADE PRACTICES ACT
BREACH OF COPYRIGHT WORKING ARRANGEMENTS
JOINT VENTURES AUTOMATIC REINSTATEMENT
RUN - OFF COVER OTHER .. COSTS OF DEFENSE & COURT ATTENDANCE
• exclusions: (please provide a list)

PLEASE ATTACH A CURRENT CERTIFICATE OF CURRENCY FROM INSURANCE CO.

We/I hold sufficient funds and/or assets to cover the uninsured deductible.

We/I further certify that a minimum of \$5m is held for Public Risk Liability with the
.....insurance company, Policy No. and Workers' Compensation Cover
is held with the insurance company, Policy No.

10. We/I trade under a registered company (or companies) namely
.....
[List Company Names & ABNs]

and I am a director/principal (strike out as applicable) being the INSURED under Item 9. above.

or I am a sole trader, trading as

10. The claims history for the last ten (10) years is:

YEAR	ALERTS	CLAIMS MADE	DATE OF ALERT/CLAIM	CLAIMS PAID
2007.....				
2006.....				
2005.....				
2004.....				
2003.....				
2002.....				
2001.....				
2000.....				
1999.....				
1998.....				

(Insert the number of any one category in each year; provide details of each on a separate sheet.
Include all claims against partners, employees and directors, as applicable.)

11. We/I have not been refused registration or been de-registered from this or any other scheme under the Professional Standards Act NSW of 1994.

12. The fee history for the past 12 months is (ROUNDED FIGURES ARE QUITE ACCEPTABLE):

TOTAL FEES YEAR ENDING 31/12/07	AVERAGE FEE/COMMISSION	HIGHEST FEE
\$.....	\$.....	\$.....

13. We/I agree that removal from the register or refusal of admission, after review and without appeal, at any time by the College Board is a condition of application and/or membership of this scheme.

14. We/I agree to maintain a system of Risk Management in accordance with the CIRCEA scheme and further agree to an audit by the College as required.

15. We/I agree to provide details of any claims or alerts within 28 days to the College of Investigative and Remedial Consulting Engineers of Australia Inc, as well as to our/my insurer.

16. We/I agree to submit written proof of any details so requested by the College.

We/I certify that the contents of this declaration are true and correct to the best of our/my knowledge.

..... /./.....
Declarant's signature dated postal address

..... /./.....
Declarant's signature dated postal address

..... /./.....
Declarant's signature dated postal address