

Application for Beneficiary Status GENERAL GUMALA FOUNDATION and Membership of GUMALA ABORIGINAL CORPORATION

CORPORATION					
	In filling out this form, you can apply to be a Beneficiary of the General Gumala Foundation (GGF), and/or a Member of Gumala Aboriginal Corporation (GAC).				
	If you become a Beneficiary, you will be entitled to receive benefits from the GGF. As a Member you will be able to access these entitlements through programs, which have been designed to assist in the alleviation of poverty, sickness, suffering, distress, misfortune or destitution.				
	I want to become a General Gumala Foundation (GGF) Beneficiary to be entitled to benefits and consent to the collection and use of my private and sensitive information by GIPL for the purposes of my Beneficiary status.				
NOTE: I Beneficiary applications must be approved by the Board of Directors of Gumala Investments Pty Ltd (GIPL) as Trustee for the General Gumala Foundation. The GIPL Board will notify you of its decision.					
]	I want to become a Gumala Aboriginal Corporation (GAC) Member to access my entitlements and consent to the collection and use of my private and sensitive information by GAC for the purposes of my Membership.				

NOTE:

All Member applications must be approved by the Board of Directors of Gumala Aboriginal Corporation (GAC) as Manager for the General Gumala Foundation. The GAC Board will notify you of its decision.

If any clarification is needed, the application will be referred to the relevant committee for assistance. The Office of the Registrar of Indigenous Corporations (ORIC) may publish your details on the ORIC website (www.oric.gov.au) as per the CATSI Act.

Applications should be returned via MAIL or EMAIL or FAX to the following addresses:

Mail:	Gumala Investments Pty Ltd – Applications PO Box 3015						
	East Perth, WA, 6892.						
Email:	gipl@gumalatrust.com						
Fax:	(08) 9325 2660						
	Applications can also be submitted in hardcopy to any GAC or GIPL reception, and will be forwarded onto the relevant office.						
Applicants P	ersonal Details						
NAME:							
	Preferred name?						
HOME ADDR	RESS:						
POSTAL ADD	POSTAL ADDRESS:						
	TH: / / MALE / FEMALE						
TELEPHONE:	MOBILE: HOME:						
FAX:	EMAIL:						
PREFERRED (CONTACT: Email Phone Mail						
Please indicate your Language Group							
Language Gr	oup: Banyjima Innawonga Nyiyaparli						
Documents							
	Please include a copy of your Birth Certificate or other evidence of birth with your application. We will be unable to process your application without this documentation.						
Copy of Birth	Certificate attached Copy of Aged/Disability Pension Card attached						
Other eviden	Other evidence of birth (eg. Release of Information form)						
Applicants Fa	amily Details						
MOTHER:	DATE OF BIRTH:/						
Is / was your Mother Registered as a Beneficiary? Yes / No (i.e. A Traditional Owner who is able to receive benefits through the General Gumala Foundation)							
FATHER:	DATE OF BIRTH:/						

Children					
Do you have any children? If so please provide details: Please note: If your application is successful, your children can be registered as Beneficiaries of the General Gumala Foundation, and you consent to this collection and use of private and sensitive information. You must provide the same evidence of birth as listed above.					
1 DA	TE OF BIRTH:/ MALE / FEMALE				
HOME ADDRESS:					
LANGUAGE GROUP: Banyjima I	nnawonga Nyiyaparli N				
2 DA	TE OF BIRTH:/ MALE / FEMALE				
HOME ADDRESS:					
LANGUAGE GROUP: Banyjima I	nnawonga Nyiyaparli N				
3 DA	TE OF BIRTH: / MALE / FEMALE				
HOME ADDRESS:					
LANGUAGE GROUP: Banyjima I	nnawonga Nyiyaparli N				
If you have more than 3 children please attach further details on a separate sheet of paper.					
Adopted Children/Step-Children					
Do you have any adopted children or any children in your care? If so, please provide details of their name(s), date of birth and their relationship with you (Relationships – adopted, foster child, grandchild etc.)					
1 DA	TE OF BIRTH:/ MALE / FEMALE				
RELATIONSHIP/ ADOPTION / ABORIGINAL CUSTOMARY ADOPTION:					
LANGUAGE GROUP: (please specify)					
2 DA	TE OF BIRTH: / / MALE / FEMALE				

RELATIONSHIP/TYPE OF ADOPTION:					
LANGUAGE GROUP: (please specify)					
If you are caring for more than 2 children [that are not your own children] please attach further details on a separate paper.					
Would you like to register your children	n as Beneficiaries of the General Gumala Foundation?				
Yes / No					
Have you included a copy/copies of their b	irth certificates as required?				
Yes / No					
Grandnarents					
date of birth and their relationship with studies and record keeping.	u can identify? If so, please provide details of their name(s), h you. This information will help us in our family tree				
1	DATE OF BIRTH: / / MALE / FEMALI				
RELATIONSHIP:					
LANGUAGE GROUP: (please specify)					
2	DATE OF BIRTH: / / MALE / FEMALE				
RELATIONSHIP:					
LANGUAGE GROUP: (please specify)					
3	DATE OF BIRTH: / / MALE / FEMALI				
RELATIONSHIP:					
LANGUAGE GROUP: (please specify)					
4	DATE OF BIRTH: / / MALE / FEMALE				
RELATIONSHIP:					
LANGUAGE GROUP: (please specify)					

Other Relationships					
Please provide the name of your:					
CURRENT SPOUSE/PARTNER:					
(only fill out if applicable)					
BROTHER / SISTER:					
(only fill out if applicable, please circle)					
BROTHER / SISTER:					
BROTHER / SISTER:					
BROTHER / SISTER:					
If you have more than four (4) siblings, please attach further details on a separate paper.					
The General Gumala Foundation takes its privacy and diligence obligations seriously, and as a result requires confirmation if someone has helped you complete this form. All information provided on this form is required to be true and accurate, and we may need to contact the individual who has helped you fill out this form.					
The following person helped me to complete this form:					
NAME: PHONE:					
I declare that all the above information is true and correct.					
APPLICANT'S SIGNATURE: DATE:					

Office Use Only						
Joint Applications Review Committee						
Received application on:						
Recommendation: Approve:						
Reject:						
Defer:						
Voting: Unanimous:						
Other (record ratio):/	<u></u>					
Comments of Committee:						
		-				
BOARD OF DIRECTORS OF GUMALA INVE	STMENTS PTY LTD:					
Application reviewed on:						
Resolution Number:						
API	PROVED / DECLINED					
CHAIRPERSON'S SIGNATURE:	DA	TE:				
BOARD OF DIRECTORS OF GUMALA ABO	RIGINAL CORPORATION:					
Application reviewed on:						
Resolution Number:						
API	PROVED / DECLINED					
	·	TE.				
CHAIRPERSON'S SIGNATURE:	DA	IL				