



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

All 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 Personal Details

NAME: _____

Preferred name? _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

DATE OF BIRTH: ___ / ___ / _____ MALE / FEMALE

TELEPHONE: MOBILE: _____ HOME: _____

FAX: _____ EMAIL: _____

PREFERRED CONTACT: Email Phone Mail

Please indicate your Language Group

Language Group: 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 evidence of birth (eg. Release of Information form)

Applicants Family 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: ___ / ___ / _____

Is / was your Father Registered as a Beneficiary? Yes / No

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. _____ DATE OF BIRTH: ___ / ___ / ____ MALE / FEMALE

HOME ADDRESS: _____

LANGUAGE GROUP: Banyjima Innawonga Niyaparli

2. _____ DATE OF BIRTH: ___ / ___ / ____ MALE / FEMALE

HOME ADDRESS: _____

LANGUAGE GROUP: Banyjima Innawonga Niyaparli

3. _____ DATE OF BIRTH: ___ / ___ / ____ MALE / FEMALE

HOME ADDRESS: _____

LANGUAGE GROUP: Banyjima Innawonga Niyaparli

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. _____ DATE OF BIRTH: ___ / ___ / ____ MALE / FEMALE

RELATIONSHIP/ ADOPTION / ABORIGINAL CUSTOMARY ADOPTION:

LANGUAGE GROUP: (please specify) _____

2. _____ DATE 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 as Beneficiaries of the General Gumala Foundation?

Yes / No

Have you included a copy/copies of their birth certificates as required?

Yes / No

Grandparents

Do you have any grandparents that you can identify? If so, please provide details of their name(s), date of birth and their relationship with you. This information will help us in our family tree studies and record keeping.

1. _____ **DATE OF BIRTH:** ___ / ___ / ___ **MALE / FEMALE**

RELATIONSHIP: _____

LANGUAGE GROUP: (please specify) _____

2. _____ **DATE OF BIRTH:** ___ / ___ / ___ **MALE / FEMALE**

RELATIONSHIP: _____

LANGUAGE GROUP: (please specify) _____

3. _____ **DATE OF BIRTH:** ___ / ___ / ___ **MALE / FEMALE**

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):/.....

Comments of Committee:

BOARD OF DIRECTORS OF GUMALA INVESTMENTS PTY LTD:

Application reviewed on: _____

Resolution Number: _____

APPROVED / DECLINED

CHAIRPERSON'S SIGNATURE: _____ **DATE:** _____

BOARD OF DIRECTORS OF GUMALA ABORIGINAL CORPORATION:

Application reviewed on: _____

Resolution Number: _____

APPROVED / DECLINED

CHAIRPERSON'S SIGNATURE: _____ **DATE:** _____