



**PERSONAL INFORMATION FORM**

FAMILY NAME:		NAME:	
RESIDENTIAL ADDRESS:	STATE:	POST CODE:	
POSTAL ADDRESS (IF DIFFERENT THAN ABOVE):	STATE:	POST CODE:	
HOME PH:	MOBILE:	DOB:	
EMAIL ADDRESS:			
LANGUAGE GROUP:	<input type="checkbox"/> Nyiyaparli	<input type="checkbox"/> Banyjima	<input type="checkbox"/> Innawonga
DO YOU HAVE ANY CHILDREN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p>If yes, did you know your children are also eligible to be registered as Beneficiaries of the General Gumala Foundation Trust?          Please contact our office for information on how to register your child as a Gumala Beneficiary.</p>			

**BANK ACCOUNT INFORMATION**

NAME OF BANKING INSTITUTION:	
NAME ON ACCOUNT:	ACCOUNT NUMBER:
BSB NUMBER:	
SIGNATURE: _____	DATE: ____/____/____

Please nominate one bank account only. This form will be used by the Foundation to record your details. The nominated bank account will be used for all Foundation payments to made to you. To ensure effective communications between you and the Foundation, all fields should be completed. Our communication methods have expanded to SMS and email and so mobile numbers and emails addresses are essential. Please ensure you sign and date this form as required before returning to our offices.

**General Gumala Foundation**  
**Gumala Investments Pty Ltd. (Trustee)**

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 M: PO Box 3015, EAST PERTH WA 6892

**General Gumala Foundation**  
**Gumala Aboriginal Corporation (Manager)**

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