

PERSONAL INFORMATION FORM

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|---|---------|--------|------------|
| 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 | | | |
| I CONSENT TO THE USE MY PHOTO'S BEING USED FOR GAC MEDIA AND PUBLICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| I CONSENT FOR MY CHILDRENS PHOTO'S TO BE USED FOR GAC MEDIA AND PUBLICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| CHILDREN'S NAMES: | | | |

BANK ACCOUNT INFORMATION

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

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

Gumala Investments Pty Ltd. (Trustee)
F: 08 9325 2660
E: gip@gumalatrust.com
M: PO Box 3015, EAST PERTH WA 6892

Gumala Aboriginal Corporation (Manager)
F: (08) 9188 1846
E: info@gumala.com.au
M: PO Box 28, TOM PRICE WA 6751