



# Application for Health Assistance Eastern Guruma Native Title Charitable Trust No.2

## APPLICANT DETAILS

Full Name:

Address:

Phone:

**NOTE:** The Applicant must be an Eastern Guruma Member

Total Amount Approved to be advanced: \$

## Description of Assistance to be provided by the Trust

Quotes / Invoices attached to support application :

We the undersigned have confirmed with the Applicant that this assistance has not been provided by any other entity

## Declaration & Signature of Applicant

Signature of Applicant:  Date:

## Account Details

Bank details: BSB:  ACCOUNT:

## Approved & Dated by Advisory Trustees:

Glen Camille	<input type="text"/>	/	/	Bevan Hicks	<input type="text"/>	/	/
Kenzie Smith	<input type="text"/>	/	/	Damien Walker	<input type="text"/>	/	/
Justin Gilba	<input type="text"/>	/	/	Guinness Stevens	<input type="text"/>	/	/
Dennis Hicks	<input type="text"/>	/	/	Wayne Stevens	<input type="text"/>	/	/
Ian Hobson	<input type="text"/>	/	/	Michael Hicks	<input type="text"/>	/	/

Please fax to **AET** on (08) 9481 6148 or post to **PO Box 7008 Cloisters Square Perth WA 6850**  
or e-mail it to: [nt@aetlimited.com.au](mailto:nt@aetlimited.com.au)