



# 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

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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     \_\_\_\_\_ / /

Bevan Hicks     \_\_\_\_\_ / /

July Hicks     \_\_\_\_\_ / /

Terry Hughes     \_\_\_\_\_ / /

Justin Gilba     \_\_\_\_\_ / /

Dennis Hicks Snr     \_\_\_\_\_ / /

Judith Hughes     \_\_\_\_\_ / /

Ian Hobson     \_\_\_\_\_ / /

Sue Boyd     \_\_\_\_\_ / /

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