



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 _____ / /

Dawn Hughes _____ / /

Davis Hicks _____ / /

Terry Hughes _____ / /

Justin Gilba _____ / /

Joselyn Hicks _____ / /

Judith Hughes _____ / /

Pauline Hicks _____ / /

Sue Boyd _____ / /

Philip Paul _____ / /

Please post to **PO Box 2582 St Georges Terrace, Perth WA 6000**

or e-mail it to: eg@aetlimited.com.au