



Special Projects Family Bucket - Hicks Family Eastern Guruma Native Title Charitable Trust No.2

1. APPLICANT DETAILS

Full Name:

Address:

Phone:

NOTE: The Applicant must be an Eastern Guruma Member

2. What is the assistance for, and who will benefit? Please answer below:

A quote for the supply of the goods or services should be provided with this application form. If approved, payment will be made direct to the supplier of the goods or services.

3. SIGNATURE OF APPLICANT

Signed _____

Date _____

4. ACCOUNT DETAILS

Bank details:

BSB:

ACCOUNT:

5. APPROVAL OF FAMILY REPRESENTATIVES

AMOUNT APPROVED \$

Approved and dated by Advisory Trustees that represent the Hicks Family:

Joselyn Hicks/.../.....

Davis Hicks/.../.....

Pauline Hicks/.../.....

In the event that the request relates to either of the above family representatives, AET will independently consult with other family members to verify that the family is informed of the application and use of funds.

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