



Application for Elders Funds

Eastern Guruma Native Title Charitable Trust No.2

APPLICANT DETAILS

Full Name:

Address:

Phone:

D.O.B.

I, the above applicant, declare that I am a member of the Eastern Guruma Native Charitable Trust No2 and am entitled to apply for assistance for the Elders Funds for charitable purposes under the rules of the Eastern Guruma Native Title Charitable Trust No2.

I am aware that the relevant policy in place for this fund allows for a maximum of as per the table below to be released per person per calendar year for assistance with general essential goods and services and general charitable purposes. I understand that payment will only be made if there are enough funds held in the account. Please refer to the policy for details.

50 - 55 Yrs - \$15,000.00

56 - 59 Yrs - \$20,000.00

60 Yrs & Over - \$25,000.00

Details of the Assistance required:

Please provide a brief description as to why you are making this application, including any supporting documents.

Supporting documents enclosed?

 Yes

Allocation of Funds

Please list below how the amount is to be paid. Please provide payment details or a copy of the invoice for all payments.

Please note: If you have ongoing expenses related to this application, we will continue to pay these until the total is reached. If the total is reached and we are unable to make further payments we will let you know by phone or mail.

a) Name of person/company:

Amount:

\$

Reason:

Copy of invoice provided?

Yes

No - payment details required

b) Name of person/company:

Amount:

\$

Reason:

Copy of invoice provided?

Yes

No - payment details required

Account Details

Bank details:

BSB:

ACCOUNT:

Declaration

Signature of Applicant

Date

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