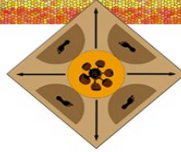


PAPULU APPARR-KARI ABORIGINAL CORPORATION



APPLICATION DECLARATION

I, _____: (Full Name)

Date of birth: ___/___/___ Place of Birth: _____

Mum's family surname: _____

Father's family surname: _____

Which family/ies are you related to: _____

Which outstation they lived/town area: _____

Family language/tribe: _____

Do you have a skin name: YES/NO

If yes please name: _____

How long have you been away from home: _____

Other: _____

Signature: _____

Contact Number: _____

"Leaving Language Footprints across the Barkly Region"

PAPULU APPARR-KARI ABORIGINAL CORPORATION



CONFIRMATION OF ABORIGINALITY OR TORRES STRAIT ISLANDER DESCENT BY RECOGNISING ORGANISATION

NOTE: Incorporated bodies complete sections **A, B** and **C**.

A. Applicant details

Name of applicant

Address of applicant

Date of birth

Place of birth

It is hereby confirmed that the above name applicant, seeking assistance from IBA has provided sufficient evidence to indicate he/she:

- Is of aboriginal and / or Torres Strait Islander descent; and
- Identifies as an Aboriginal and / or Torres Strait Islander person; and
- Is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the community in which the applicant currently lives /formally lived; **OR** is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the community which is the applicant's traditional area or area where the applicant's family has lived.

B. Organisation details

Name of organisation

PAPULU APPARR-KARI ABORIGINAL CORPORATION

ICN or ACN number

Date of Meeting

Contact Phone Number

(08) 8962 3270



Affix
Common
Seal

Organisation's common seal

C. Authorised signatories

1. Signature

Print Name

Position / Title

Date

Contact Number

2. Signature

Print Name

Position / Title

Date

Contact Number
