

FY 25-26 Martidja Banyjima Healthy Living Form

Member Details – this section must be completed

To be eligible for this assistance, an applicant must meet the beneficiary criteria as follows:

1. A registered Martidja Banyjima (non-IBN) beneficiary; and
2. Birth child registered under the above membership

Members Full Name (including middle name)

Date of Birth

 / /

Contact Phone Number

Tick (☒) if 'yes'

- ☐ This is my current number, please update my record
- ☐ This is a temporary number, please do not update my record

Email

The following are my current contact details and should be updated on my record: ☐ Tick (☒) if 'yes'

Residential Address

Suburb

State

Postcode

Postal Address (if different to residential address)

Suburb

State

Postcode

Relationship Statement

- If the bill(s) for goods or services is not in your name, you will need to complete this section. Otherwise, please move on to the next section
- Please read the statement below carefully and tick the box if you agree. Your application cannot be processed without this.

☐ I acknowledge that I am requesting BNTAC to make a payment for goods or services that are not in my name. However, I confirm that my relationship to this person means that payment of these goods or services will benefit me.

Exclusions:

Cash payments (including for rent, boarding and credit cards), legal costs, fines/penalties/criminal related costs, dirt bikes/boats/jet skis, alcohol and tobacco products, gambling, celebrated events (weddings/birthdays etc), weapons, tax debt, jewellery.

Beneficiary Allowance

- Up to \$15,000

Details of request: (note; no cash payments or reimbursements to beneficiaries are allowed)

Items	Supplier	Amount

If any supporting documentation has not been included BNTAC will contact the member to advise. This may delay processing of the application. BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive. If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

Declaration

I declare that the information I have provided above is true, complete, and accurate. I authorise BNTAC to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself. I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima beneficiary.

Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please send the completed form to:

Email: ms@bntac.org.au
Fax: 08 9216 9898
Post: BNTAC, PO Box 6278 WA, 6892
In person: Level 1/165, Adelaide Terrace, East Perth WA 6004

For further information please contact BNTAC on 9216 9888

Banjima Native Title Aboriginal Corporation RNTB (ICN-7971)

A: 1/165 Adelaide Terrace EAST PERTH 6004

PO Box 6278 East Perth WA 6892 P: (08) 9216 9888

W: bntac.org.au