

Direct Benefits Trust (DBT) Membership Application					
PERSONAL DETAILS					
Full Name:					
Street Address:					
Postal Address:					
Date of Birth: ____/____/____				<input type="checkbox"/> Please attach a copy of your Birth Certificate	
Phone Number:			Mobile Number:		
Email Address:					
Which Apical Ancestor do you come from?					
<input type="checkbox"/> Minnie	<input type="checkbox"/> Rosie	<input type="checkbox"/> Tumbler	<input type="checkbox"/> Bobby	<input type="checkbox"/> Alec	<input type="checkbox"/> Ruby
Please provide details of your connection:					
(Example: Grandmothers/Grandfathers name and Mothers/Fathers name)					

BANKING DETAILS & TAX FILE NUMBER					
Bank Name:				Bank Branch:	
Account Name:					
BSB					
Account					
Tax File Number (TFN)					
NOTE:					
If you receive any money from the Kuruma Marthudunera Trust (KML), you need to advise:					
<ul style="list-style-type: none"> • The Australian Tax Office (ATO) when you do your tax return; and • Centrelink. 					
Are you a member or beneficiary of another Traditional Owner Group (Claim)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you receive payments or benefits from another Traditional Owner Group (Claim)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you undertake Heritage survey/work for another Traditional Owner Group (Claim)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please note – if you receive benefits from other organisations that you have not declared, it may affect your ability to access KML funds.

SUPPORTING DOCUMENTATION

- Copy of Birth Certificate is attached.
- Banking details and TFN provided.
- Community Ratification Deed (CRD) completed and witnessed.

Applications will NOT be processed by the KM Traditional Owner Council (TOC) until all supporting documentation is received by MFCo.

APPLICANT'S SIGNATURE

Applicant's Signature

I authorise MFCo, KML and KMAC to share the above information between their organisations.

Date

___/___/___

OUTCOME OF APPLICATION (INTERNAL USE ONLY)

Accepted

Declined

Reason Declined

Date

___/___/___

Please send completed forms and supporting documents to MFCo by:
Fax: (08) 9230 7701 **Email:** perthadmin@mfcocom.au **Mail:** MFCo, PO Box 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700

EXECUTED as a deed poll.

SIGNED, SEALED and **DELIVERED** by the party named in column 1 in the presence of the witness named in column 3:

1. Name of party	2. Signature of party	3. Name of witness	4. Signature of witness	5. Date

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