

Application for Help from IBN Charitable Trust

Funerals



Freecall 1800 014 401

1 First name

2 Last name

3 Date of birth

4 Language group (tick one box only)
 Yinhawangka Banyjima Nyiyarparli

5 Current address

6 Phone

7 Email address

8 How do you prefer to be contacted?
 Phone Email Postal address

9 Vehicle registration number

10 Do you have a current Centrelink Pension card or Health Care card?
 No
 Yes Please provide the card number

 Card expiry date

11 What is the date of the funeral?

12 What is the location of the funeral? (town/suburb)?

13 What is your relationship to the deceased?
 (eg: Brother, Mother, Nephew, Auntie)

14 Expenses requested **Please attach a copy of the funeral notice.**

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Fuel	BP Roebourne	\$60.00

15 I declare that the above information is true and the items above are for my own use. I agree to the information in this form being shared with Gumala or other organisations for application approval purposes.

Signature Date

Office use only

Date received Received by

IBN Corporation Pty Ltd
 ACN 093 140 240

CP#