

1 First name

2 Last name

3 Date of birth / / Vehicle registration number

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

5 Postal address

6 Phone
 ()

7 Email address

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


9 Do you receive Family Payments for any children?
 No
 Yes For how many children?


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

 Card expiry date
 / /

11 Have you received financial assistance from any other trust(s) within the past three months?
 No Yes Please tell us how much you received

Name of organisation	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12 You must have a separate bank account for your business. Have you established a separate bank account yet?
 No
 Yes  **Please attach a statement or other proof of the account.**

13 Does your business have either **existing customers** or a reasonable prospect of gaining **new customers**?
 No
 Yes  **Please attach contracts, letters of intent or letters of support from existing or new customers (or other proof of existing/new customers).**

14 Please provide your Australian Business Number (ABN) or Australian Company Number (ACN)

15 What experience, qualifications or training have you or your staff had that ensures your business has the capability to deliver the goods or services that you plan to sell?

16 What arrangements have you made for bookkeeping? (If you are using a bookkeeper, please provide their name and qualifications.)

17 How will your business help people who are not well off in your Community? For example, do you plan to train and provide jobs for unemployed people? Will your business provide services in an area where there is little work?

18 Expenses requested Please attach bills, quotes or other documents to help IBN assess your application.

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Computer	Harvey Norman	\$899.00

19 Have you had any contact with Many Rivers about your business?

No
 Yes

20 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 7 Date / /

If you are a Director of IBN we will need to take legal advice on your Application.

Office use only

Date received	Received by		CP#
/ /		IBN Corporation Pty Ltd ACN 093 140 240	