

Would you like to submit and track your application? Log in to your [Member Portal](#).

MIB Healthy Living Project allowance is \$10,000 per beneficiary for Financial Year 2020/2021

MEMBER DETAILS - This section <u>must</u> be completed	
<i>To be eligible for this assistance, you must be a registered MIB (non-IBN) beneficiary</i>	
Full name (incl. middle name):	
Date of Birth:	
Contact phone number:	
This is my current number, please update my record <input type="checkbox"/>	This is a temporary number please do not update my record <input type="checkbox"/>
The following are temporary details and should not be updated on my record. (Tick if 'yes') <input type="checkbox"/>	
Residential address:	
Postal address (if different from residential address)	
Email address:	

Section A- Relationship Statement
<p>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 <u>Section B</u>.</p> <p><i>Please read the statement below carefully and tick the box if you agree. Your application cannot be processed without this.</i></p>
<p><i>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.</i></p> <input type="checkbox"/>

Section B- Details of Request (Quotes and Tax Invoices are to be provided)			
Items	Supplier and contact	Invoice/Quote Number	Amount
Total			
<p>Exclusions: <i>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.</i></p>			

<p>Declaration: <i>I declare that the information I have provided above is true, complete and accurate.</i></p> <p><i>I authorise Banjima Native Title Aboriginal Corporation (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/Daisy beneficiary.</i></p>	
Signature:	Date:

This form can be mailed to our PO Box, submitted in person at the BNTAC office, or emailed along with any relevant documentation. Please see the top of this page for details.