

Consent to Release Information and/or Nominate Representative

Please complete and return this form via email to ms@bntac.org.au,
or by post to PO Box 6278 East Perth WA 6892

As a member of Banjima Native Title Aboriginal Corporation RNTBC (BNTAC),

I, (full name) _____,

Date of Birth _____ / _____ / _____,

of (address) _____,

Suburb _____ Post Code _____,

hereby give consent to the following as shown (ticked boxes):

1. For Banjima Native Title Aboriginal Corporation RNTBC (BNTAC) to release information
about any of my applications to (name of the public body, organisation, or individual)

_____.

2. For (name of representative) _____
to act on my behalf as my elected representative when I am not available.

I understand that to access any benefits/release information about my benefits I am still required to sign
and lodge my own applications; and that BNTAC may seek further confirmation from me should they
wish.

I hereby acknowledge that I have read and understood the contents of this document and that I
accept the above information to be a true and accurate record.

Members Name

Members Signature

Date

Witness Name

Witness Signature

Date

Please contact BNTAC on 08 9216 9888 or email ms@bntac.org.au if you have any questions
relating to the contents of this form.