



ACN: 099 471 495

LARRAKIA UNIT TRUST

ABN: 95 165 988 227

Application Form

TO: The Trustee
Larrakia Unit Trust ("the Trust")

I, _____ (Full Name), of _____
(Address) apply for a Unit in the Trust on the basis that I am a Larrakia Traditional Owner over the age of 18 years. I agree to be bound by the Unit Trust Deed for the Trust.

As a Unit Holder, I agree to share for stakeholder and/or marketing purposes (if requested):

- A photograph and a short description of me on Larrakia Development Corporation's website, printed material and/or social media pages, and,
- Photographs and other footage recorded at future events that may include me.

I attach the following supporting documentation and will provide further proof of Larrakia ancestry if requested by the Trustee:

Birth Certificate:

Driver's license:

*** Note: Failure to provide supporting documentation or further proof of ancestry (if requested) will result in processing delay or rejection of your application.**

Signed:

Signature

Name

Date

Please Turn Over...

PLEASE PROVIDE ADDITIONAL INFORMATION BELOW:

FULL NAME: _____

(Please Include any middle names)

LARRAKIA FAMILY GROUP: _____

ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

BANKING DETAILS: ACCOUNT NAME - _____

BANK & BRANCH - _____

BSB No. - _____

ACCOUNT No. - _____

TAX FILE NUMBER: _____

FOR OFFICIAL USE ONLY

This application is APPROVED / NOT APPROVED by the Trustee.

Signed on behalf of the Trustee: _____

Date:

For more information contact (08) 8947 3455. Email applications to applications@larrakia.com.au or deliver it to the LDC office at PO BOX 37207, Winnellie NT 0821.