



GUMALA ABORIGINAL CORPORATION

17.0

VEHICLE MAINTENANCE

Application Form

NAME: _____

ADDRESS: _____

DOB: ____ / ____ / ____ MOBILE: _____ HOME: _____

FAX: _____ EMAIL: _____

Language Group: Banyjima Innawonga Niyaparli

FUNDS REQUESTED:

ITEM	AMOUNT
TOTAL	\$

SUPPLIER DETAILS:

COMPANY NAME	PHONE #	FAX #

PROOF OF ELIGIBILITY

JOB SEEKER NO:	CENTERLINK CRN
BUSSINESS ABN NO:	
HERITAGE SURVEYING	Yes <input type="checkbox"/> No <input type="checkbox"/> COMPANY
OTHER	

Ask supplier their preferred payment method (for new suppliers only)

Bpay Credit Card Direct Deposit Account

Please Note:

Your application will be processed within 7 days once all paperwork has been received.

Signature: _____ Date: _____

Forward completed applications to: Fax: 08 9188 1846 Email: gac@gumala.com.au

Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	

Gumala Aboriginal Corporation, PO Box 61, TOM PRICE WA 6751
PH: 1800 486 252 (1800 GUM ALA) FAX: 08 9188 1846 EMAIL: gac@gumala.com.au