CONFIDENTIAL

BARADA BARNA SOCIO POLICY

APPENDIX I

BARADA BARNA GROUP SOCIO POLICY APPLICATION FORM

APPLICANT INFORMATION (PARENT / CARER): Please print clearly					
Date of Birth:	First and Second Name:			Surname:	
Street Address:					
City:	State:			Post Code:	
Mobile:		E-mail (An email will be sent to notify you of the			
		outcome):			
Postal address (If same as stre	et address w	rite "As Ab	ove"):		
If support is required for a ch	ild under 16,	please con	plete below:		
Names and ages of child / children:		Parents Names:			
Banking Details:					
Bank:	BSE	3:		Account:	

Please ensure banking details are on any quotes or paperwork with a reference number.

Please indicate Apical Ancestor:

Bob Lotus	🗆 Lizzie Payne	 Daisy (wife of Booyah McDonald) 	 Maggie (wife of Toby Barker, Peter Darwin and Bert Fox) 	 'Polly' Mary (wife of Robert Noble and Bert Fox)
 Lizzie (wife of Paddy Flynn) 	 Polly (wife of Tommy Mitchell) 	Lucy Ross	 Laura (wife of Duke/George Barker, Neddy/Teddy Sauney and Adam Bowen) 	□ Charles Budby (father of George 'Salt Bush' Budby)

Details (Please tick the applicable box):

Educational Purposes (Appendix A)

- □ Sporting Endeavours (Appendix B)
- □ Funeral Expenses (Appendix C)

General Applications (Appendix G)

Medical Assistance (Appendix E)

Aged Support (Appendix F)

- □ Elders Christmas Support (Appendix D)
- □ Job Readiness (Appendix H)

NOTE: You must attach all supporting documents, including receipts, invoices and quotes to the Application Form.

Please note: Applications will not be reviewed without all information attached.

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Date of Issue: 5 November 2021

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Det	ails:				
Amo	ount: \$				
	Accepted		Rejected		
Not	es:				
De	claration:				
	I/We understand that this app Barada Barna Group Socio Pol	plication will be considered in ac icy ("Policy").	cordance w	ith the pro	cesses set out in the
	I/We understand and accept t	hat the Directors' decision to a	oprove or no	ot approve	this application is final.
	I/We understand that I/we ma	ay be requested to provide addi	tional inforn	nation.	
	I/We understand that if I/we p future assistance under the Po	provide false or misleading infor plicy.	mation, I/w	e may be p	precluded from obtaining
	Guidelines (Appendix A to the	n Educational Scholarship unde Policy), I have not received or a er entity including mining comp	pplied for o	r been awa	arded any financial or
	must be applied to the funera	sistance, we understand that if l expenses. We further understa ire assistance under the Policy.			
 Na	me of Applicant:	Signature of Applicant:	Date:		
Fo	r Applications for Funeral Assis	tance (for completion by Secor	nd Applicant):	
 Na	me of Second Applicant:	Signature of Second Applicar	nt: Date:		Mobile:
 Ad	dress:		Email:		

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For Directors' use only:

Application Number:	
Documents Attached:	
Remarks:	

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