

NSW Aboriginal Land Council

2011 Aboriginal Rugby League Knockout Grant

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| **Team / Applicant Information** |
| **Full Name of Claimant:**  |  |
| **Position (Chairperson/Manager):** |  |
| **Club Name:** |  |
| **Category (Mens/Womens):** |  |
| **Contact Address:** |  |
|  |
| **Home Phone Number:** |  |
| **Mobile:** |  |
| **ABN:** | ABN Information: *If you are an* ***individual*** *who has paid the registration fee on behalf of a team and you are claiming reimbursement, you are required to complete the ATO Statement by a Supplier form. If you’re an organisation paying on behalf of a team, you are required to provide your organisation’s ABN.* ***Any teams without an ABN****, please complete the ATO Statement by a Supplier form. This form can be completed in lieu of an ABN and the first box must be ticked in Part 3 of the form. Please do not provide an ABN number if your team does not have an ABN.* |
| **Are you registered for GST purposes?** |  |
| **Signature:** |  | **Date:** |
| **Bank Details** |
| **Bank:** |  |
| **Account Name:** |  |
| **Account Number:** |  |
| **BSB Number:** |  |
| **Team Registration Confirmed with Walgett Aboriginal Connection?*****Please attach relevant confirmation of your team’s registration. Please note that failure to do so could delay the processing of your grant application*** | YES / NO |