	<b>Northern Territory Stolen Generations Aboriginal Corporation</b> Providers of TOP END LINK UP SERVICE	
	PO Box 43372 CASUARINA, N.T. 0811 Shop 1, Malak Shopping Centre 16 Malak Crescent, Malak, N.T. 0812	Phone: (08) 8947 9171 Fax: (08) 8947 9173 Web: <a href="http://www.ntsgac.org.au">www.ntsgac.org.au</a> ABN: 62 799 754 727

### Confirmation of Aboriginality Forms (COA)

The Board will process the COA application at a Board meeting and will only approve confirmation for applicants who are Aboriginal and/or Torres Strait Islander, either born in the Northern Territory, or descendants, or related to Northern Territory Aboriginal and/or Torres Strait Islander peoples. **IT IS NOT AN AUTOMATIC CONFIRMATION.**

You are responsible for providing the necessary documentation to meet the Confirmation of Aboriginality criteria, for example your birth certificate, adoption documents if appropriate and any other documentation to verify your Aboriginality. If there is insufficient documentation, your application will not be considered by the Board and will be returned to you for completion.

**Procedure:**

- Fully complete Confirmation of Aboriginality application form in block print
- provide all required documentation
- provide a colour photo ID
- pay the required administration fee (non-refundable):

Individual 18+ \$10.00

Child from 5 - 17 years \$5.00

Reissue \$5

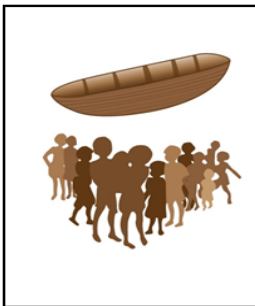
Payment may be made over the counter or into the following bank account:

**Commonwealth Bank**  
**Northern Territory Stolen Generations Aboriginal Corporation Foundation**  
**BSB Number = 065901**  
**Account Number = 10932389**

Raelene Rosas  
Acting Interim CEO



**NTSGAC acknowledges all traditional owners of country throughout Australia, and their rights to continuing connection to land, sea and community. We also pay our respects to them, and their cultures, and to our Elders past, present and future.**



# Northern Territory Stolen Generations Aboriginal Corporation

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## APPLICATION FOR CONFIRMATION OF ABORIGINALITY

Date Received: / /

Full Name: \_\_\_\_\_ M/F

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Clan/Group: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's Name: _____ Mother's Maiden Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Father's Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
<b>Maternal grandmother's Name:</b> _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	<b>Paternal grandmother's Name:</b> _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
<b>Maternal grandfather's Name:</b> _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	<b>Paternal grandfather's Name:</b> _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____

**Please attach Photo ID:**

Office Use Only:

**This Confirmation relates to Resolution No. \_\_\_\_\_ at the Board Directors Meeting  
on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.**

Moved by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

