**Confirmation of Aboriginal
and/or Torres Strait Islander status**

Affix organisational seal

NOTE: This confirmation will only be accepted for the intended
purpose of the confirmation if the Aboriginal and Torres Strait
Islander organisation exists at the time of the intended
purpose of the confirmation.

**Organisational details:**

|  |  |
| --- | --- |
| Name of Organisation: |       |
| ABN or other identifier: |       |
| Registered address of Organisation: |       |
| Name of applicant: |       |

It is hereby confirmed that the above-named person:

* has provided sufficient evidence to indicate that they are of:

[ ]  of Aboriginal descent

[ ]  of Torres Strait Islander descent

and/or

* is accepted as being of Aboriginal and/or Torres Strait Islander descent by the

      (Aboriginal and/or Torres Strait Islander) community in which they:

[ ]  currently live; or

[ ]  formerly lived for       years

Resolution number:       Date of meeting:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorised signatory)

Print name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorised signatory)

Print name: