Notes

When to use this form  Use this form to provide confirmation of your identity if you are an Aboriginal or Torres Strait Islander Australian who has insufficient identity documents available.

For more information:  Go to stolenwages.com.au, or

Call us on 1300 591 545

Returning your form  Check that all required parts of the form are completed and that the form is signed and dated.

Return the form and any supporting documents to us so we can process your claim under the Stolen Wages Settlement Distribution Scheme.

Return this form and any supporting documents:

• by mail to Grant Thornton, PO Box 7200, Cairns QLD 4870
• by email to stolenwages@au.gt.com
• by fax to (07) 3222 0447
Information for claimants

Please complete all parts of page 1 of the form before providing to an Authorised Referee. The form is to identify you for the purposes of supporting your registered claim under the Stolen Wages Settlement Distribution Scheme.

Where possible, sign the declaration in the presence of an Authorised Referee. Your Authorised Referee will complete page 2 of the form. Please return signed forms to Grant Thornton via the contact details listed on the previous page.

An Authorised Referee is a person who is either a:
- Chairperson, Secretary or CEO of an incorporated Indigenous organisation (including land councils, Aboriginal or Torres Strait Islander corporations registered under the CATSI Act, community councils or housing organisations)
- Community Development Programme provider
- School Principal
- School Counsellor
- Minister of Religion
- Treating Health Professional or Manager in Aboriginal Medical Services
- Government employee of at least 5 years.

Information for Authorised Referees

You must meet one of the categories listed above to be an Authorised Referee.

This form can only be used if the person named on page 1 of the form is an Aboriginal or Torres Strait Islander Australian and is not able to provide standard identification documents.

This information is collected for the purposes of administering the Stolen Wages Settlement Distribution Scheme. Information on the scheme can be found at www.stolenwages.com.au.
Confirmation of Identity - Verification
For Aboriginal and Torres Strait Islander people that are registered claimants under the Stolen Wages Settlement Distribution Scheme

Filling in this form
• Use black or blue pen.
• Print in BLOCK LETTERS.

Claimant details
Your name
Family name or surname

First given name

Second given name

Have you been known by any other name(s)?
Include:
• name at birth
• name before marriage
• previous married name
• Aboriginal or skin name

No ☐ Go to next question
Yes ☐ Give details below

Other name(s)

Date of birth

Place of birth

Address

Postcode

Privacy notice
You need to read this

Privacy and your personal information
Your personal information is protected by law (including the Privacy Act 1988).

The information in this form is required to process your registered claim under the Stolen Wages Settlement Distribution Scheme (the scheme).

Your information may be used by Grant Thornton, or given to other parties where you have agreed to that, or where it is required or authorised by law or under the scheme (including for the purpose of reporting to the Federal Court or undertaking a review requested by you under the scheme).

Claimant's declaration
Where possible, sign this form in the presence of an Authorised Referee. Refer to Notes on page 2.

I declare that:
• the information I have provided in this form is complete and correct.

Your signature/mark

Date

Authorised Referee details on the next page
Authorised Referee

For information on who can be an Authorised Referee, refer to Notes on page 2.

Confirmation by Authorised Referee

I confirm that:

- the claimant has signed this in my presence, or
- the claimant is currently ____ kms/hours away and I have identified them as the person named on page 1 by my personal knowledge of their circumstances.
- I am an Authorised Referee (as listed on page 2), and
- all the names I am aware of that the claimant has been known by are included on page 1, and
- I have known the claimant:

professionally☐ and/or personally☐ for _______ years

I can confirm the claimant's information from:

Personal knowledge ☐ Church records ☐
Organisation records ☐ Medical records ☐
Council records ☐ Other ☐ Give details below
School records ☐

Authorised Referee's details

Full name

Title or official position

Name of organisation or department

Australian Business Number (ABN) (if applicable)

Phone Number

Privacy notice

You need to read this

Privacy and your personal information

Your personal information is protected by law (including the Privacy Act 1988).

The information in this form is required to process the claimant's registered claim under the Stolen Wages Settlement Distribution Scheme (the scheme).

The information in this form may be used by Grant Thornton, or given to other parties where you have agreed to that, or where it is required or authorised by law or under the scheme (including for the purpose of reporting to the Federal Court or undertaking a review requested by the claimant under the scheme).

Declaration

I declare that:

the information I have provided in this form is complete and correct.

Authorised Referee's signature

Date

Seal/stamp

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