

## Registration Form - Claiming for Deceased Group Member or Members

The next page is the registration form for deceased group members. The form is there so that you can tell the administrator the information he needs to decide whether you are eligible to claim compensation on behalf of a deceased group member or more than one deceased group member, and how much you will get.

It is proposed that only spouses and (if there is no living spouse) living children are eligible to participate in the settlement on behalf of deceased group members.

After you have finished filling out the form, you should post it to Bottoms English Lawyers at this address, so that it reaches Bottoms English Lawyers by no later than **8 November 2019**:

**Bottoms English Lawyers**

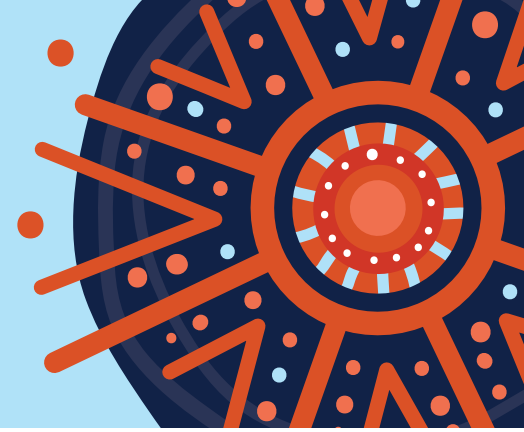
**P.O. Box 5196**

**Cairns, Queensland 4870**

If you do not send in your form so it arrives by no later than **8 November 2019**, you will not be able to participate in the settlement.



# Stolen Wages Class Action



## Registration Form – Deceased Group Members

### 1. Your information

Your full name:	
Are you known by any other name?	
What is your date of birth?	

### 2. Deceased Group Member Information

Full name of the deceased group member you are claiming for:	
Were they known by any other name?	
When did the deceased group member pass away?	
What was your relationship to the deceased group member? (choose one only)	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Child adopted under traditional Torres Strait Islander adoption practices

*Note: it is proposed only the living spouses and children of deceased group members can claim on their behalf.*



What was the date of birth of the deceased group member to your knowledge?	
What gender was the deceased group member?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Which of the following did the deceased group member identify as (you must choose one only):	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

### 3. Eligibility information

**Group members in the class action are people who are or were:**

- (a) Aboriginal and Torres Strait Islanders;
- (b) who lived in a district or on a mission or reserve in Queensland;
- (c) who at some time between 1939 and 1972 (“the Claim Period”) had a paid job;
- (d) whose pay for his or her job was controlled by the government or the head of the mission or reserve at any time during the Claim Period;

**OR**

- (a) Aboriginal; and
- (b) were made to work on missions or settlements between 1945 and 1966.

**Do you satisfy either or both of these requirements?      Y / N**



## 4. Payment information

Residential address:	
Postal address:	
Bank account details: [Name/BSB/Account#]	

*Note: compensation payments will be made by electronic fund transfer if you provide bank details. If you do not provide bank details, you will be posted a cheque to the postal address you provide.*

## 5. Declaration

I declare the that information I have provided in this form is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Date:    /    / 2019

