

Registration Form - Group Members

The next page is the registration form for living group members. The form is there so that you can tell the administrator the information he needs to decide whether you get compensation, and how much you will get. **If you have previously registered with Bottoms English Lawyers then you do not need to do so again.**

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

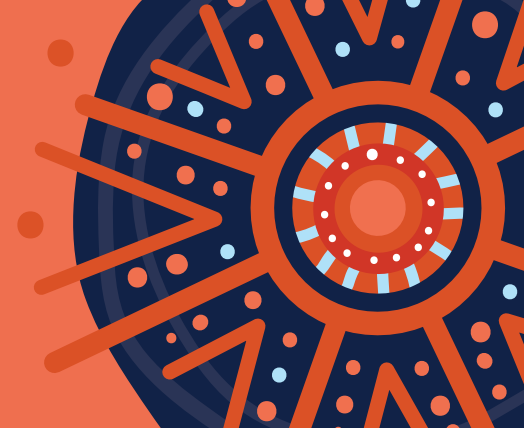
P.O. Box 5196

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 – Living Group Members

1. Personal information

Your full name:	
Are you known by any other name?	
What is your date of birth?	
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Which of the following do you identify as (you must choose one only):	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

2. 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



3. 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.

4. 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

