



**PORT KENNEDY ASSOCIATION INCORPORATED**

PO Box 114, Thursday Island, Qld, 4875

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ABN: 73 504 400 188

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## RECOGNISED ORGANISATION RESOLUTION

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

It is hereby confirmed that the above named applicant, seeking assistance has provided sufficient evidence to indicate he/she is:

1. of Aboriginal and / or Torres Strait Islander descent
2. identifies as an Aboriginal and / or Torres Strait Islander person

AND (please tick one of the below options)

3.  is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the Community in which the applicant currently lives and has for \_\_\_\_\_ years.
- OR  is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the Community in which the applicant formerly lived for \_\_\_\_\_ years
- OR  is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the Community which is the applicant's traditional area or area where the applicant's family has lived for \_\_\_\_\_ years.

ORGANISATION'S COMMON SEAL (IF REQUIRED) TO BE AFFIXED:

Resolution Number:

Date of Meeting:

Authorised Signatory

Signature:

Print Name

Authorised Signatory

Signature:

Print Name

ALL SECTIONS MUST BE COMPLETED

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**Serving the Community**

Email: portkennedyassoc@bigpond.com

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