

## GULF REGION ABORIGINAL CORPORATION RNTBC

ICN - 7139

## **DIRECTOR NOMINATION FORM**

This nomination form is to be completed in accordance with section 16.12-16.14 of the Gulf Region Aboriginal Corporation RNTBC (GRAC) (ICN 7139) Rule Book. This form must be received prior to the Annual General Meeting.

Please return the completed form by email to <a href="mailto:gracsupport@clcac.com.au">gracsupport@clcac.com.au</a> or text a photo of the form to 0477 296 009.

I hereby nominate								
whose primary affiliation is to the [place a tick or cross next to one only]								
	Lardil People		Yangkaal People		Kaiad Peopl			Gangalidda People
(Name of the Nominee)				(Signature & Date)				
nomina	ted by							
(Name of the Nominator)					(Signature & Date)			
my primary affiliation belonging to the [place a tick or cross next to one only]								
	Lardil People		Yangkaal People		Kaiad Peopl			Gangalidda People