

Application for Registration (General)

Applicant's deta	ails						
The applicant is the per	rson who is a	uthorized to act	on behalf	of the or	iginal members	regarding th	is registration
Applicant's details	Title	Miss					
	First name	Kristy			Middle name		
	Last name	Hart					
Residential address		49 Sunbird Crescent					
		Boambee Eas	t NSW			Postcode	2452
Corporation det	tails						
Proposed name of corporation		Gumbaynggirr Coffs Coast Raiders Aboriginal Corporation					
Australian Business N (ABN)	36675805732						
Addresses							
Main place	26 Mathie Street						
		Coffs Harbour	NSW			Postcode	2450
Registered office address (ROA)/		26 Mathie Street					
document access ad	aress (DAA)						
		Coffs Harbour	NSW			Postcode	2450
Corporation's pos	stal address	26 Mathie Street					
					Τ Τ		
		Coffs Harbour	NSW			Postcode	2450
Contact numbers	Telephone	0478658556			Fax		
Corporation's email a	ddress	coffscoastraiders@gmail.com					
Preferred method of communication		Email					
		Yes					
become a Registered Title Body Corporate?		No X					
Corporation size		Small X	Medium		Large		
Liability of members		Members not	liable X				
		Members	liable	> Exter	nt of liability		

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Contact person's/secretary's details Position Contact person for a small or X Secretary of a large corporation medium corporation Title Mrs Middle First name | Heather name Last name Duncan Residential address 26 Mathie Street COFFS HARBOUR NSW Postcode 2450 Members' details **Full name** Mrs Heather Duncan Mrs Larrissa Bates Mr Bradley Hart Miss Kristy Hart Mr Michael Hart **Directors' details** Title Mr **Director 1** Middle First name Bradley name Last name | Hart Previous name(s) (if any) Residential address 32 Ann Street COFFS HARBOUR NSW Postcode 2450 This director will hold office for: Up to 1 year X Up to 2 years Title Mrs **Director 2** Middle First name | Heather name Last name Duncan

Previous name(s) (if any)		
Residential address	26 Mathie Street	
		15
	COFFS HARBOUR NSW	Postcode 2450
This director will hold office for:	Up to 1 year X Up to 2 year	ars
Director 3 Title		
First name	Kristy Mid nai	
Last name	Hart	
Previous name(s) (if any)		
, , , , , , , , , , , , , , , , , , ,		
Residential address	49 Sunbird Cresent	
	BOAMBEE EAST NSW	Postcode 2452
This director will hold office for:	Up to 1 year X Up to 2 year	ars
Director 4 Title	Mrs	
First name	Mid.	
Last name	Bates	1101
Daniero a angle) (# angl		
Previous name(s) (if any)		
Residential address	38 Reid Drive	
reoldential dadress	OF REIG BIVE	
	COFFS HARBOUR NSW	Postcode 2450
This director will hold office for:	Up to 1 year X Up to 2 year	ars
Director 5 Title	Mr	
First name	Michael	
Last name	l IIdi	ne j
Lastrianie	l iait	

Previous name(s) (if any)				
Residential address				
	COFFS HARBOUR NSW		Postcode	2450
			_	
This director will hold office for:	Up to 1 year X	Up to 2 years		