



# Northern Territory Stolen Generations Aboriginal Corporation

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## Client Enquiry Form

NTSGAC Policy

All information provided in this document is  
**STRICTLY CONFIDENTIAL**

**Please provide the following information**

### Personal Details

Surname: ..... Given Name: .....

Nationality:  Aboriginal  Aboriginal/Torres Strait Islander

Address: .....

Suburb: ..... State: .....

Phone (Home): ..... Phone (Work): .....

Mobile: ..... Fax: .....

Email: .....

Preferred method of contact:  Phone  Mail  Email

Best time to be contacted:  Am .....  Pm .....

Please state the purpose of this enquiry: .....

.....  
.....

(e.g. Confirmation of Aboriginality; Link-Up; Events; Meetings; service and/or repairs;  
Deliveries; compensation; funeral booklets; membership; library, etc.)

Office Use Only

Date: ..... / ..... / .....      Officer's Name: .....

Comments: .....