

**ABORIGINAL AND TORRES STRAIT ISLANDER LAND HOLDING ENTITY  
REGISTER INFORMATION REQUEST FORM**

**Applicant's Details**

Name: \_\_\_\_\_

Department/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact (telephone/email): \_\_\_\_\_

**Basis for Request**

\_\_\_\_\_  
\_\_\_\_\_

**Land Holding Entity Details**

Entity Name: \_\_\_\_\_

**Requested Information**

*Section A – Publicly Available Information\*. The following is publicly available upon request (tick requested).*

- Land holding entity's name, address for the service of documents and telephone number.
- Description of the Aboriginal or Torres Strait Islander land held by the land holding entity.
- The names of the chairperson and secretary of a land trust#.
- A statement about whether or not a land trust has, for each financial year, operated in compliance with the *Aboriginal Land Act 1991* or *Torres Strait Islander Land Act 1991*#.

*Section B – Additional Information\*. The following is available with the consent of a land trust's chairperson& (tick requested)#.*

- Names of all the current members of the land trust.
- Names of each member of the land trust's executive committee and position held.
- A copy of the land trust's adopted rules.
- A copy of the land trust's annual financial statements and audit reports.

**Applicant's Declaration:**

I hereby acknowledge the information I have given is true, correct and accurate in its entirety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed form to:**

Manager  
Indigenous Land Transfers and Leasing  
Department of Resources  
PO Box 937, Cairns QLD 4870

Section A - Approval (Departmental Use Only)	Section B - Approval (Land Trust Use Only)	Section B - Approval (Departmental Use Only)
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Chief Executive Signature: ..... Date: ..... Date Provided: ..... File Ref: .....	<i>Additional information as indicated in Section B is:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Chairperson Name: ..... Chairperson Signature: ..... Date: .....	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Chief Executive Signature: ..... Date: ..... Date Provided: .....

For further information about completing and submitting this form contact Indigenous Land Transfers and Leasing on 4222 5549 or 13QGOV (13 74 68), or email [IndigenousLand@resources.qld.gov.au](mailto:IndigenousLand@resources.qld.gov.au)

\* Information held in respect of Aboriginal and Torres Strait Islander Land Holding Entities is available in accordance with section 86 of the *Aboriginal Land Act 1991* and section 53 of the *Torres Strait Islander Land Act 1991*.

# Information available for land trusts only

& Chairperson to complete Section B - Approval (Land Trust Use Only)

