



Return this form to IBN by Friday, November 11, 2022

1 How will you be attending the IBN AGM?
 Online In-Person Not Attending

2 Do you live outside Port Hedland?
 Yes No

3 First name

4 Last name

5 Date of birth

6 Language group (*tick one box only*)
 Yinhawangka Banyjima Nyiyaparli

PLEASE COMPLETE THIS SECTION IF YOUR ADDRESS, CONTACT OR BANK DETAILS HAVE CHANGED

7 Current residential address

8 Postal address

9 Phone

10 Email address

11 Please provide details of your bank account

Account Name <input type="text"/>	Six-digit BSB <input type="text"/>	Account number <input type="text"/>
Bank <input type="text"/>	Branch location <input type="text"/>	

12 I declare that the above information is true and correct. I agree that this information may be made available to an IBN related Representative Corporation or Approved Trust.

Signature Date

Returning this form Email: agm@ibngroup.com.au | In person delivered to: 3 Brand Street, South Hedland, 973 Central Road, Tom Price or 3/4 Welcome Road, Karratha.

CORPORATE SERVICES Verified signature and DOB Date <input type="text" value=" / /"/> Initial <input type="text"/>	Updated Register Date <input type="text" value=" / /"/> Initial <input type="text"/>	IBN Corporation Pty Ltd ACN 093 140 240
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