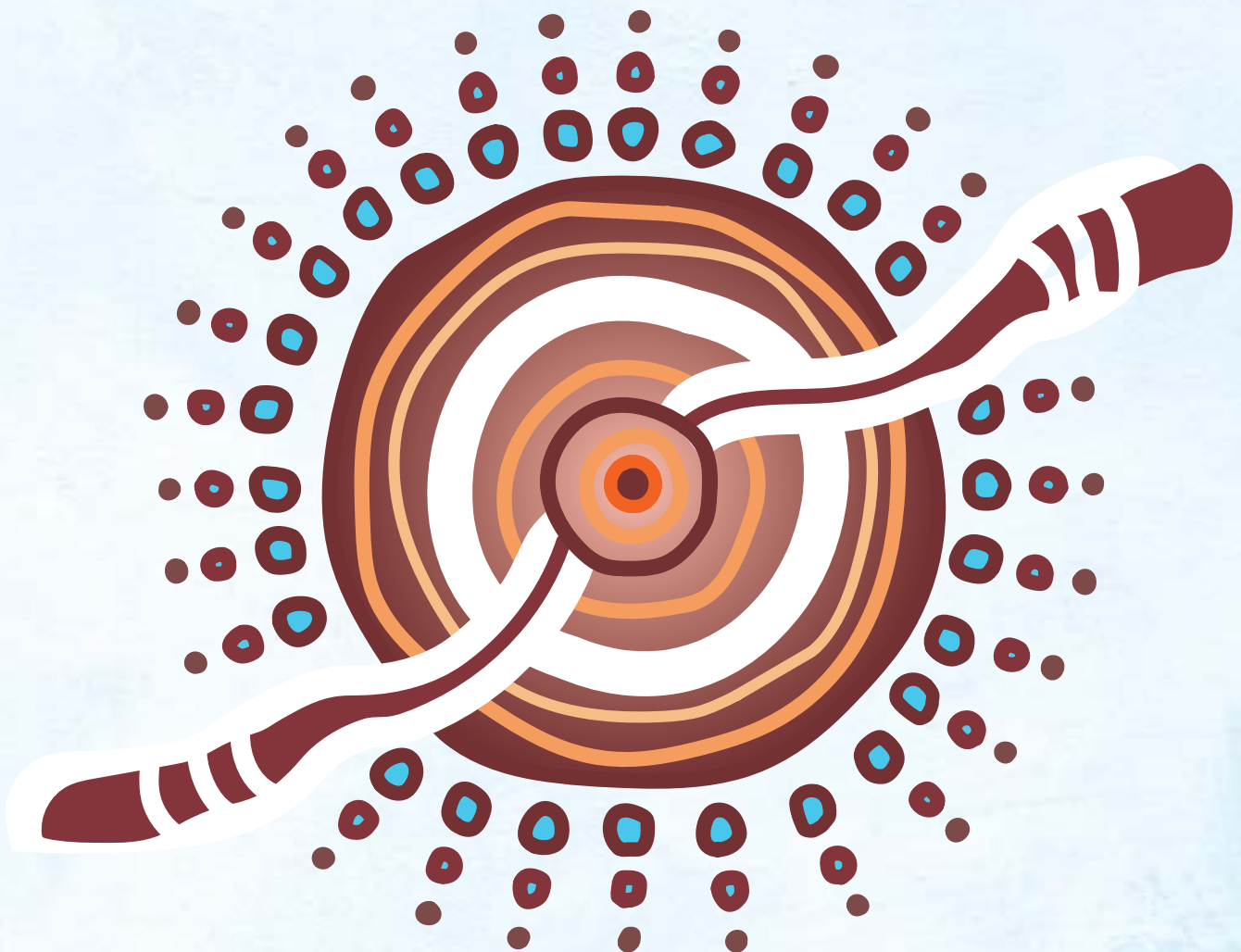


Northern Territory Stolen Wages Class Action **REGISTRATION FORM**

Tell us your information in this form to register for compensation money

If you need help, call us for free on 1800 860 378.



Registration Form

You must complete this Registration Form to 'register' with Shine Lawyers if you think you are eligible to be considered for compensation money.

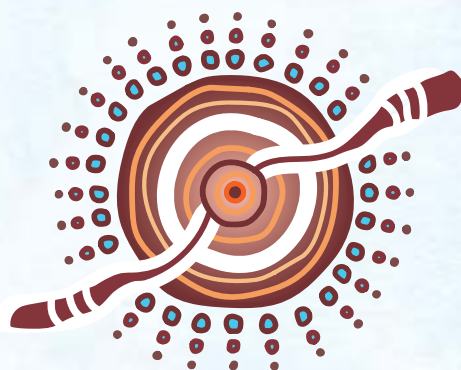
If you think you may have already registered, you should contact Shine Lawyers to confirm your registration and update your details.

You can register one or more of the following types of claims:

- 1 Claim For Yourself:** You are an Aboriginal or Torres Strait Islander person who worked in the Northern Territory between 1 June 1933 and 12 November 1971 for little or no wages.
>> Complete Part 3 of this form.
- 2 Claim For Your Spouse (husband/wife/partner – married or defacto):** Your spouse was an Aboriginal or Torres Strait Islander person who worked in the Northern Territory between 1 June 1933 and 12 November 1971 for little or no wages and has passed away.
>> Complete Part 4 of this form.
- 3 Claim For Your Parent:** Your mother, father or person who adopted you (either legally or under Aboriginal custom) was an Aboriginal or Torres Strait Islander person who worked in the Northern Territory between 1 June 1933 and 12 November 1971 for little or no wages but has passed away.
>> Complete Part 5 of this form.

YOU SHOULD REGISTER ALL THE CLAIMS THAT YOU ARE ELIGIBLE TO MAKE. This may mean that you complete more than one claim. For example, you may complete a Claim For Yourself, a Claim For Your Spouse for your deceased spouse, and a Claim For Your Parent for each of your deceased parents.

There is space in this form for you to complete one Claim For Yourself, one Claim For Your Spouse and one Claim For Your Parent. If you need to complete more than one Claim For Your Spouse or Claim For Your Parent, please use more forms.



How can you complete this Registration Form?

You can complete this Registration Form by doing one of the following:



online

Complete this Registration Form online at shine.com.au/ntstolenwagesregister



by email

Email the completed Registration Form and any supporting documents to ntstolenwages@shine.com.au



by phone

Telephone Shine Lawyers on **1800 860 378** and register over the phone



by post

Post the completed Registration Form and any supporting documents to:

Shine Lawyers
Class Actions – NT Stolen Wages Class Action
PO BOX 12011, George Street QLD 4000

If you don't know the answer to any of the questions in this form you should keep going and send it to us with as many questions answered as you can. We will call you if we need more information. You might also be asked for more information later by the independent administrator.

Last Date for Registration

You must register by completing and signing the Registration Form, and returning it to Shine Lawyers in any of the above ways by **3 October 2025**. If you are posting your completed Registration Form and supporting documents to Shine Lawyers, you will need to post these documents before this date so they are received by Shine Lawyers by **3 October 2025**. You must complete and sign your registration by **3 October 2025** to be considered to receive compensation. If you need assistance, please contact Shine Lawyers as soon as possible.

Support Services

We know that completing this Registration Form might be difficult for you. Shine Lawyers cannot give you counselling or crisis support, but we encourage you to contact the following organisations for support (24 hours a day, 7 days a week):

- 13YARN (specifically for Aboriginal and Torres Strait Islander peoples): call 13 92 76
- Lifeline: call 13 11 14
- Beyond Blue: call 1300 224 636
- NT Mental Health Line: 1800 682 288
- MensLine Australia (for men only): 1300 789 978

If your life is in immediate danger, call 000.

You are allowed to have help filling out this form. If someone is helping you, that person needs to provide their details below.

1. Are you completing this form by yourself or is someone helping you?

☐ Yourself – skip this section and go to Part 1

☐ Someone is assisting you – complete questions 2 to 5 below

2. If you are helping to fill out this form for someone else, how do you know them?

3. Your first and last name:

4. Your phone number:

5. Your email address:

In the rest of the form, when we ask about “you”, we are asking about the person completing the registration form (claimant) and not the person helping them.

1. Your first name:

2. Your last name:

3. Your skin name:
(if you have one)

4. Any other names:
(e.g. maiden names)

5. Your date of birth:

(If you do not know your exact date of birth, you can give us an approximate date of birth or an approximate year of birth)

6. Your place of birth:

(If you do not know your exact place of birth, you can give us an approximate place of birth)

7. Your mother's name (if known):

8. Your father's name (if known):

9. The names of your brothers and sisters (if known, and if you have any):

10. Your home address:

11. Your postal address (if different to your home address):

12. Your phone number:
(if you have one)

13. Your email address:
(if you have one)

14. Are you Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

15. How do you want to be contacted: ☐ Phone ☐ Email ☐ Post

16. If we cannot contact you directly, is there a support person (for example, a family member, friend or community contact) we can contact to speak with you?

☐ Yes – the same person who helped you fill out this form

☐ Yes – a different person – complete question 17

☐ No

If you do not have any contact details, you **must** give us a contact for a support person so we can contact you.

17. Support person's details:

Full name:

Phone number:

Email address:

Postal address:

How you know your support person:

18. Do you agree to Shine Lawyers giving information and asking for information about your registration/s in this form to your support person: ☐ Yes ☐ No

19. What language do you or your support person want to talk to us in: ☐ English
☐ Language:
Community:

20. Do you have photo ID?

For example, a Driver's Licence (including Learner's Permit), Photo Card (Evidence of Age Card), or Passport. You can give photo ID which is current or has expired within the last five (5) years

If Yes, please **attach** a copy of the photo ID to this Registration Form (do not send the original).

21. If you do not have photo ID, do you have two types of other ID?

For example, copies of a Birth Certificate, Marriage Certificate, Medicare Card, Concession Card, Health Care Card, Bank Card (Key Card), bank account statement, electricity bill, or Tenancy Agreement.

☐ Yes

☐ No – continue with the form and contact Shine Lawyers to talk about other ID you can give

If Yes, please **attach** copies of your two forms of ID to this Registration Form (do not send the originals), or you can send your ID by text message, email or post (see below).

Sending Your ID

You can send also your ID to Shine Lawyers by:

- Taking a photo and texting it to 0461 364 522;
- Taking a photo and emailing it to ntstolenwages@shine.com.au;
OR
- Taking a copy and posting it to:

Shine Lawyers

Class Actions – NT Stolen Wages Class Action
PO BOX 12011, George Street QLD 4000

If you need to speak to Shine Lawyers, please call them on **1800 860 378**, not the mobile phone number.

Only complete this section if you are **registering a Claim For Yourself**.

22. Did you work in the Northern Territory between 1 June 1933 and 12 November 1971 ☐ Yes ☐ No

Place of work	Location of work	When work was done	Type of work performed
For example, the name of the station, mission, institution, settlement, or other. If you do not know the name, please provide as much information as possible about where you worked. e.g. Wave Hill Station e.g. Santa Teresa Mission e.g. Warrabri Settlement	For example, the town or area where the work was done. e.g. Alice Springs e.g. East Arnhem e.g. Barkly Tableland	This can be the approximate year, range of years or decade. e.g. 1955 e.g. 1955-1965 e.g. 1950s	For example, station work, domestic work, other. e.g. Station work e.g. Domestic work e.g. Cooking and cleaning

24. Did you receive little or no wages for your work (above)? ☐ Yes ☐ No

If Yes, please **attach** copies of these documents (do not send the originals) or text message, email or post them to us (see Part 2 for contact details). You do not have to give us documents, but any documents you have may help with your registration and payment of compensation money to you.

Only complete this section if you are **registering for your Spouse (husband, wife or partner – married or defacto), who has passed away** (referred to as the “deceased person”).

If you are claiming for more than one deceased spouse, please fill in separate registration forms for each spouse.

31. Was the deceased person Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

33. What was the deceased person's place of birth to the best of your knowledge?
If you do not know their exact place of birth, you can give us an approximate place of birth.

35. What was the deceased person's language group (if you know)?

37. When did you and the deceased person get married (if married) or start living together (if in a defacto relationship)?
If you do not know the exact date, you can put an approximate date or year.

40. What was the name of the deceased person's father (if known)?

PART 4: CLAIM FOR YOUR SPOUSE (continued)

41. What were the names of the deceased person’s siblings (brothers and sisters) (if known)?

42. What are the names of the deceased person’s children (if they had any)?

43. What are the names of your children (if you have any)?

44. Did the deceased person work in the Northern Territory between 1 June 1933 and 12 November 1971? ☐ Yes ☐ No

45. Please tell us information about the deceased person’s work in the Northern Territory in the table below. For example, you can talk about the work they did at a station, a settlement or a mission (or more than one place).

Place of work For example, the name of the station, mission, institution, settlement, or other. If you do not know the name, please provide as much information as possible about where they worked. e.g. Wave Hill Station e.g. Santa Teresa Mission e.g. Warrabri Settlement	Location of work For example, the town or area where the work was done. e.g. Alice Springs e.g. East Arnhem e.g. Barkly Tableland	When work was done This can be the approximate year, range of years or decade. e.g. 1955 e.g. 1955-1965 e.g. 1950s	Type of work performed For example, station work, domestic work, other. e.g. Station work e.g. Domestic work e.g. Cooking and cleaning

If you need more space to tell us about their work, please use Part 10.

46. Did the deceased person receive little or no wages for their work (above)? ☐ Yes ☐ No

47. How do you know this information about the deceased person’s work:
☐ The deceased person told me ☐ I saw it ☐ Someone who knew the deceased person told me
☐ I have seen records ☐ Other:

48. Do you have any records about the deceased persons’ work: ☐ Yes ☐ No
If Yes, please **attach** copies of these documents (do not send the originals) or text message, email or post them to us (see Part 2 for contact details). You do not have to give us documents, but any documents you have may help with your registration and payment of compensation money to you.

PART 5: CLAIM FOR YOUR PARENT

Only complete this section if you are **registering for a parent (mother, father, person who adopted you legally or person considered to be your parent under Aboriginal custom) who has passed away** (referred to as the “deceased person”).

49. At the time of the deceased person passing were you:
☐ the biological child (i.e. related by blood) of the deceased person?
OR
☐ a legally adopted child of the deceased person?
OR
☐ considered to be the child of the deceased person under or according to the customs and traditions of your Community or Group?

If you are claiming for more than one deceased parent, fill in separate registration forms.

50. What was the first and last name of the deceased person?

51. What was the maiden name (last name before they got married) of the deceased person (if applicable)?

52. What was the skin name of the deceased person (if you know, and if they had one)?

53. Was the deceased person known by any other name(s)?

54. Was the deceased person Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

55. What was the deceased person’s date of birth to the best of your knowledge?
If you do not know their exact date of birth, you can give us an approximate date of birth or an approximate year of birth.

56. What was the deceased person’s place of birth to the best of your knowledge?
If you do not know their exact place of birth, you can give us an approximate place of birth.

57. What was the date the deceased person passed away?
If you do not know the exact date, you can put the approximate date or year the deceased person passed away.

58. What was the deceased person’s language group (if you know)?

59. Do you have any documents confirming the identity of the deceased person, or your relationship to them: (i.e. birth, marriage or death certificate for the deceased person; or your birth certificate if it has the deceased person on it; or your adoption papers)
☐ Yes – if so, please attach **copies** of these documents to the Registration Form (do not attach original documents) or text message, email or post them to us (see Part 2 for contact detail
☐ No

60. Only complete this question if you are the legally adopted child of the deceased person:
Tell us any information you can about your adoption:

61. Only complete this question if you were considered to be the child of the deceased person under the customs and traditions of your Community or Group:
Tell us any information you can about how you are considered to be a child of the deceased person under the customs and traditions of your Community or Group:

64. What were the names of the deceased person's siblings (brothers and sisters) (if known)?

66. Please tell us information about the deceased person's work in the Northern Territory in the table below. For example, you can talk about the work they did at a station, a settlement or a mission (or more than one place).

[illegible]

67. Did the deceased person receive little or no wages for their work (above)? ☐ Yes ☐ No

If Yes, please **attach** copies of these documents (do not send the originals) or text message, email or post them to us (see Part 2 for contact details). You do not have to give us documents, but any documents you have may help with your registration and payment of compensation money to you.

If yes, please complete your bank details below. If no, please contact Shine Lawyers to tell them how you would like any compensation money to be paid to you.

Note: If your bank details change, you need to tell us as soon as possible.

If yes, please provide this information in the space provided at the back of this form.

I agree that the Administrator can use the information provided in this Registration Form to decide if I have an eligible claim, including by sharing this information with other persons and bodies.

If you do not agree to the Administrator using and sharing the information in this form, this may mean the Administrator is unable decide if you are eligible to receive a payment.

Signature: _____ Date: _____

PART 10: ADDITIONAL INFORMATION