



LP^{ca}
Société Makivik
Makivik Corporation

Nunavik Enrolment Office

P.O. Box 179

Kuujuuaq, Nunavik (Quebec) J0M 1C0

Tel: (819) 964-2925 Fax: (819) 964-0458

Website: www.makivik.org

Form A
Enrolment Nunavik Inuit Beneficiary
Application Form
(Adult)

Nunavik Enrolment Office established under the authority of the Makivik Board of Directors is responsible to maintain the Nunavik Inuit Beneficiaries Register

Section A		IDENTIFICATION OF THE APPLICANT				Page 1/2
Applicant Family Name		Applicant Middle name		Applicant Given name(s)		<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (yy/mm/dd)	Place of Birth	Community Affiliation	Community of Residence	Home Tel.:		Work Tel:
Address of Residence		City		Province/Territory	Postal Code	
Beneficiary No	Social Insurance No.	Health Care Card No.	Relationship to the person concerned <input type="checkbox"/> Person Concerned <input type="checkbox"/> Other (specify)			
Section B		INFORMATION OF THE PERSON CONCERNED				
Family Name		Middle name		Given name(s)		<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (yy/mm/dd)	Place of Birth		Home Phone No. Work Phone No.			
Address of Residence		City	Province/Territory	Postal Code	Total Years of Residence "Outside Territory" (if applicable)	
Community of Residence	Community Affiliation	Social Insurance No.	Health Care Card No.	"N" Number Health Canada (if Applicable)		
Section C		MARITAL STATUS OF THE PERSON CONCERNED				
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			Date of Event (yy/mm/dd)	
Family Name of Consort			Given Name(s)			
Date of Birth of Consort (yy/mm/dd)		Beneficiary No. Consort		SIN No. Consort		
Section D		PARENTS OF THE PERSON CONCERNED				
Name of Father		Given name(s) of Father		Date of Birth (yy/mm/dd)	Ben. No.	
Maiden Name of Mother		Given name(s) of Mother		Date of Birth (yy/mm/dd)	Ben. No.	

Section E**ELIGIBILITY**

Is the person concerned a Canadian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify →	
Is the person concerned an Inuk according to Inuit customs and traditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify →	
Does the person concerned identify his/herself as an Inuk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify →	
Does the person concerned is associated, i-e have family, residential, historical, cultural or social ties with the Inuit community you wish to be affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify →	
Is the person concerned registered under another Canadian Land Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify →	Ben. No.

Additional information the Applicant wishes to add (if required):

Section F**DECLARATION & SIGNATURE OF APPLICANT**

I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge.		<i>x</i>
Supportive documents enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of Signature	(yy/mm/dd)	Signature of Applicant

Section G**RESERVED TO THE COMMUNITY ENROLMENT COMMITTEE ONLY**

THIS APPLICATION HAS BEEN REVIEWED BY THE _____ ENROLMENT COMMITTEE

AND HAS BEEN: ☐ Approved ☐ Not approved ☐ Missing Information

Reasons for not approving:

<input type="checkbox"/> Not a Canadian citizen	<input type="checkbox"/> Not an Inuk according to Inuit customs and traditions
<input type="checkbox"/> Does not identify himself as an Inuk	<input type="checkbox"/> Is not associated with the community
<input type="checkbox"/> Is enrolled at other Land Claim Agreement or Treaty	
<input type="checkbox"/> Other (specify below):	

Place of Signature		Date	<i>x</i>
Community Enrolment Committee		Signature of the Community Enrolment Secretary	

Decision No.

SECTION RESERVED TO NUNAVIK ENROLMENT OFFICERegistered into the Nunavik Inuit Beneficiaries Register ☐ Yes

Date: _____ INITIALS: _____

One signed copy for (1) the Applicant - (2) Community Enrolment Committee