Société Makivik
Makivik Corporation

Nunavik Enrolment Office
P.O. Box 179
Kuujjuaq, Nunavik (Quebec) J0M 1C0
Tel: (819) 964-2925 Fax: (819) 964-0458
Website: www.makivik.org

Form H
Nunavik Inuit Beneficiary Card with Photo 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

Applicant Family Name	Applicant Middle name	Applicant Given name(s)	☐ Female ☐ 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 ☐ Self ☐ Other (specify)

Section B — INFORMATION OF THE PERSON CONCERNED

☐ First Application for a Nunavik Inuit Beneficiary Card (No Applicable Fee)

☐ Replacement of a lost, stolen, destroyed Nunavik Inuit Beneficiary Card (Applicable Fee)

Family Name	Middle name	Given name(s)	☐ Female ☐ Male

Date of Birth (yy/mm/dd)	Place of Birth	Beneficiary No.	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 ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ 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 (cont'd) DECLARATION & SIGNATURE OF APPLICANT

I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge and that the photograph enclosed is a true likeness of the person concerned. Supportive documents enclosed: ☐ Yes ☐ No	*x*
Place of Signature / (yy/mm/dd)	Signature of Applicant

Section E RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY

THIS APPLICATION HAS BEEN REVIEWED BY THE NUNAVIK ENROLMENT OFFICE AND HAS BEEN:

☐ **Approved** ☐ **Not approved** ☐ **Missing Information**

Identification No. of the Nunavik Inuit Beneficiary Card issued	Registration No.	Initials
Date of Issuance of the Cards	Date of Registration (yy/mm/dd)	Initials

One signed copy for: (1) the applicant (2) Nunavik Enrolment Office

Assure yourself that all required documents are attached to the present Application

☐ **One photograph** ☐ **Applicable fee if required**