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 C
Enrolment Modification and Correction Form

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)	☐ 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 ☐ Person Concerned ☐ Other (specify)	

Section B	**INFORMATION OF THE PERSON CONCERNED**			
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	**Please indicate ONLY the element you wish to modify or correct** ☐ **Modification** ☐ **Correction**			
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 (cont'd) **Please indicate ONLY the element you wish to modify or correct**

☐ **Modification** ☐ **Correction**

Marital Status ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widow (please attach supportive document)	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
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)

Has the person concerned filed any application form to a Community Enrolment Committee and/or Nunavik Enrolment Review Committee within the last twelve (12) months of the date of the present Application? ☐ Yes ☐ No

(if YES, please specify)

Community

Date

- ☐ Application A: New Enrolment (Adult)
- ☐ Application B: New Enrolment (Child)
- ☐ Application C: Modification - Correction
- ☐ Application D: Re-Establishment Residence in Nunavik
- ☐ Application E: Removal from Nunavik Inuit Beneficiary List
- ☐ Application F: Request to Review a Decision

Section 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.
Supportive documents enclosed: ☐ Yes ☐ No

Place of Signature / (yy/mm/dd)	x Signature of Applicant

Section E **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:
- ☐ Not a Canadian citizen
- ☐ Not an Inuk according to Inuit customs and traditions
- ☐ Does not indentify himself as an Inuk
- ☐ Is not associated with the community
- ☐ Is enrolled at other Land Claim Agreement or Treaty
- ☐ Other (specify below):

Place of Signature	Date	x Signature of the Community Enrolment Secretary

Community Enrolment Committee
Decision No.

SECTION RESERVED TO NUNAVIK ENROLMENT OFFICE

Registered into the Nunavik Inuit Beneficiaries Register ☐ Yes

Date: _____ INITIALS: _____

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