Société Makivik
Makivik Corporation

Nunavik Enrolment Office
P.O. Box 179
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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)	☐ 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		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	**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?	☐ Yes ☐ No	Specify →		
Is the person concerned an Inuk according to Inuit customs and traditions?	☐ Yes ☐ No	Specify →		
Does the person concerned identify his/herself as an Inuk?	☐ Yes ☐ 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?	☐ Yes ☐ No	Specify →		
Is the person concerned registered under another Canadian Land Claim?	☐ Yes ☐ No	Specify →		Ben. No.

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

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.
Supportive documents enclosed: ☐ Yes ☐ No

x

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:
- ☐ 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