Société Makivik
Makivik Corporation

Nunavik Enrolment Office
P.O. Box 179
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Form D
Re-establishment of Residence in Nunavik Application 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

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

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)

Date of return in the community (yy/mm/dd)	Place of Work & Address	Number of Children under 18 years old	Do they attend school in Nunavik? ☐ Yes ☐ No If NO, Specify where →

Was the person concerned residing "Outside Territory" for education purposes?	☐ Yes ☐ No If YES, specify which institution and address→	
Was the person concerned residing "Outside Territory" for health purposes?	☐ Yes ☐ No If YES, specify which institution and address→	
Was the person concerned residing "Outside Territory" for purposes of employment with an organization whose mandate is to promote the welfare of Inuit?	☐ Yes ☐ No If YES, specify which Organization and address→	
Please specify the purpose why the person concerned was residing "Outside Territory" if not for education/health /employment with organization as above identified→		

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

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 D INFORMATION OF THE PARENTS OF THE PERSON CONCERNED

Name of Father	Given name(s) of Father	Date of Birth (yy/mm/dd)	Ben. 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)

Maiden Name of Mother	Given name(s) of Mother	Date of Birth (yy/mm/dd)	Ben. 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 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 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	☐ 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