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 E
Removal from Nunavik Inuit Beneficiaries Register 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

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 — 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 IDENTIFY THE REASON(S) TO BE REMOVED

☐ Death	Date→		
☐ Enrolled by Mistake	Date →		
☐ Divorce	Date→		
☐ Legal Separation	Date→		
☐ *De Facto* Separation (Please Complete and Sign Section E)	Date→		
☐ Is registered under another Canadian Land Claim	Specify →	Identify Land Claim:	
		Beneficiary No.	Date (yy/mm/dd):

☐ Other (please provide a brief explanation why you are requesting the removal of the beneficiary from the Nunavik Inuit Beneficiaries Register. (If insufficient space, attach an additional sheet):

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 E DECLARATION ATTESTING *DE FACTO* SEPARATION

I hereby declare that the Person Concerned has been separated from his/her Consort for a period of at least one (1) year and that this Declaration is accurate and true to the best of my knowledge.

X

Place of Signature	(yy/mm/dd)	Signature:

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