Société Makivik
Makivik Corporation

Nunavik Enrolment Office
P.O. Box 179
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Form F
Request to Review a Decision
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

Section D — INFORMATION OF THE DECISION

Identify the Community Enrolment Committee	Decision No.	Date of Decision (yy/mm/dd)

Reason(s given by the Community Enrolment Committee for not approving the Application (If insufficient space, please attach an additional sheet):

Section D (cont'd) INFORMATION OF THE DECISION

Briefly state the reason(s) why the Application should be approved by the Nunavik Enrolment Review Committee. Please attach a copy of the Application, the Decision rendered by the Community Enrolment Committee and any other supportive documents (If insufficient space, please 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 & 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 F RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY

Application received within twelve (12) months of the date of the Decision rendered by the Community Enrolment Committee ☐ Yes ☐ No		Date of Reception (yy/mm/dd)	Initials
Application sent to the Community Enrolment Committee ☐ Yes ☐ No		Date of Transmission (yy/mm/dd)	Initials
Application sent to the Nunavik Enrolment Review Committee ☐ Yes ☐ No		Date of Transmission (yy/mm/dd)	Initials
Notice of Acknowledgment sent to the Applicant ☐ Yes ☐ No		Date of Transmission (yy/mm/dd)	Initials

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