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Société Makivik
Makivik Corporation

Nunavik Enrolment Office
 P.O. Box 179
 Kuujuaq, Nunavik (Quebec) J0M 1C0
 Tel: (819) 964-2925 Fax: (819) 964-0458
 Website: www.makivik.org

Form H

Nunavik Inuit Beneficiary Card with Photo 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 <small>(If the Applicant is the same as the Person Concerned, please skip Section A and go directly to Section B)</small>					
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 Other (specify)		Person Concerned
Section B INFORMATION OF THE PERSON CONCERNED					
First Application for a Nunavik Inuit Beneficiary Card (No Applicable Fee)			Replacement of a lost, stolen, destroyed Nunavik Inuit Beneficiary Card (Applicable Fee)		
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		Date of Event (yy/mm/dd)
	Separated	Divorced	Widow		
Family Name of Consort			Given Name(s)		
Date of Birth of Consort (yy/mm/dd)	Beneficiary No. Consort		SIN No. Consort		

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Section D (cont'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 and that the photograph enclosed is a true likeness of the person concerned.		X
Supportive documents enclosed:	Yes No	
Place of Signature	(yy/mm/dd)	Signature of Applicant

Section E RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY

THIS APPLICATION HAS BEEN REVIEWED BY THE NUNAVIK ENROLMENT OFFICE AND HAS BEEN:

Approved
 Not approved
 Missing Information

Identification No. of the Nunavik Inuit Beneficiary Card issued	Registration No.	Initials
	Date of Issuance of the Cards	Date of Registration (yy/mm/dd)
		Initials

One signed copy for: (1) the applicant (2) Nunavik Enrolment Office
Assure yourself that all required documents are attached to the present Application
One photograph Applicable fee if required