

HIGH ARCTIC RELOCATEE PARTITION TRUST ("HARPT")

PER CAPITA DISTRIBUTION

APPLICATION FORM - MINOR

PLEASE PRINT CLEARLY:

SECTION A: Applicant (Minor)			
NAME OF MINOR			
<u>Surname</u>		<u>Given Name(s)</u>	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Day _____ Month _____ Year _____	
MOTHER (of minor)			
<u>Surname</u>		<u>Given Name(s)</u>	
Mailing Address or House Number or P.O. Box Number		City/Community	Province/Territory
Postal Code	Country	Daytime Telephone	Alternative Telephone
FATHER (of minor)			
<u>Surname</u>		<u>Given Name(s)</u>	
Mailing Address or House Number or P.O. Box Number		City/Community	Province/Territory
Postal Code	Country	Daytime Telephone	Alternative Telephone
LEGAL GUARDIAN (of minor)			
<u>Surname</u>		<u>Given Name(s)</u>	
Mailing Address or House Number or P.O. Box Number		City/Community	Province/Territory
Postal Code	Country	Daytime Telephone	Alternative Telephone
<p>The Applicant (Minor) is a Descendant of original High Arctic Relocatee _____ from the community of _____ .</p>			
<p>Signature of Mother, Father or Legal Guardian of Applicant (Minor): _____ _____</p>			
Date			

SECTION B: Proof of Identity

Please provide if possible one (1) piece of identification OR the number located on the piece of identification:

Number of ID

_____	JBNQA Beneficiary Card Number
_____	Nunavut Beneficiary Card Number
_____	Medicare Card Number
_____	OTHER: Please specify: _____

SECTION C: Declaration

Declaration – I solemnly declare that all of the statements made and the information provided in this Application, as well as any supporting documents, are true. I agree to indemnify and hold harmless the Trustees of the HIGH ARCTIC RELOCATEES PARTITION TRUST from any liability that may arise from my direction to the Trustees of the HIGH ARCTIC RELOCATEES PARTITION TRUST (on behalf of the Applicant (Minor)) for the payment of the per capita distribution of settlement funds. Furthermore, I consent to the collection, use and disclosure of the personal information of the Applicant (Minor) by the Trustees of the HIGH ARCTIC RELOCATEES PARTITION TRUST solely for the purpose of authenticating the identity, membership registration, and accurate issuance of the per capita distribution payment to the Applicant (Minor).

Signature of Legal Guardian:

X _____

Date: _____

For Office Use Only

In Person **By Mail**

Date Documents Received

Registration Reviewed

Payment Issue Date

Issued By