



## **NOTICE OF CHANGE OF ADDRESS WHEN RESIDING OUTSIDE TERRITORY**

Nunavik Enrolment Office established under the authority of the Makivik Board of Directors is responsible to maintain the Nunavik Inuit Beneficiaries Register

<b>Section A IDENTIFICATION OF THE APPLICANT (if same as Person Concerned, skip Section A)</b>					
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)		
<b>Section B INFORMATION OF THE PERSON CONCERNED</b>					
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
Community Affiliation		Social Insurance No.	Health Care Card No.	"N" Number Health Canada	
Is the person concerned residing "Outside Territory" for education purposes?		Yes No If YES, specify which institution and address→			
Is the person concerned residing "Outside Territory" for health purposes?		Yes No If YES, specify which institution and address→			
Is 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 is residing "Outside Territory" if not for education/health /employment with organization as above identified→					
I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge.				<b>x</b>	
Place of Signature	(yy/mm/dd)	Signature of Applicant			

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