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**Société Makivik**  
**Makivik Corporation**

*Nunavik Enrolment Office*  
 P.O. Box 179  
 Kuujuaq, Nunavik (Quebec) J0M 1C0  
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 Website: www.makivik.org

## Form A

### Enrolment Nunavik Inuit Beneficiary 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

<b>Section A IDENTIFICATION OF THE APPLICANT</b> <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 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		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)	
<b>Section C MARITAL STATUS OF THE PERSON CONCERNED</b>					
Marital Status	Single Separated	Married Divorced	Common Law 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			
<b>Section D PARENTS OF THE PERSON CONCERNED</b>					
Name of Father	Given name(s) of Father		Date of Birth (yy/mm/dd)	Ben. No.	
Maiden Name of Mother	Given name(s) of Mother		Date of Birth (yy/mm/dd)	Ben. No.	

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<b>Section E</b>				<b>ELIGIBILITY</b>	
Is the person concerned a Canadian citizen?	Yes	No	Specify →		
Is the person concerned an Inuk according to Inuit customs and traditions?	Yes	No	Specify →		
Does the person concerned identify his/herself as an Inuk?	Yes	No	Specify →		
Does the person concerned is associated, i-e have family, residential, historical, cultural or social ties with the Inuit community you wish to be affiliated?	Yes	No	Specify →		
Is the person concerned registered under another Canadian Land Claim?	Yes	No	Specify →		Ben. No.
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		
Additional information the Applicant wishes to add (if required):					
<b>Section F</b>				<b>DECLARATION &amp; SIGNATURE OF APPLICANT</b>	
I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge.			<b>X</b>		
Supportive documents enclosed: Yes No					
Place of Signature	(yy/mm/dd)		<b>Signature of Applicant</b>		
<b>Section G</b>				<b>RESERVED TO THE COMMUNITY ENROLMENT COMMITTEE ONLY</b>	
<b>THIS APPLICATION HAS BEEN REVIEWED BY THE _____ ENROLMENT COMMITTEE</b> <b>AND HAS BEEN:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not approved</b> <input type="checkbox"/> <b>Missing Information</b>					
Reasons for not approving: <input type="checkbox"/> Not a Canadian citizen <input type="checkbox"/> Not an Inuk according to Inuit customs and traditions <input type="checkbox"/> Does not identify himself as an Inuk <input type="checkbox"/> Is not associated with the community <input type="checkbox"/> Is enrolled at other Land Claim Agreement or Treaty <input type="checkbox"/> Other (specify below):					
Place of Signature		Date		<b>X</b> Signature of the Community Enrolment Secretary	
Community Enrolment Committee <b>Decision No.</b>		<b>SECTION RESERVED TO NUNAVIK ENROLMENT OFFICE</b> Registered into the Nunavik Inuit Beneficiaries Register Yes Date: _____ INITIALS: _____			

**One signed copy for (1) the Applicant - (2) Community Enrolment Committee**