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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 C Enrolment Modification and Correction 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 <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				
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	Please indicate ONLY the element you wish to modify or correct				
	Modification		Correction		
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)	

Form C - Enrolment Modification and Correction Form

Section C (cont'd)		Please indicate ONLY the element you wish to modify or correct			
		Modification		Correction	
Marital Status	Single Separated (please attach supportive document)	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	
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)					
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 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.				X	
Supportive documents enclosed:		Yes No			
Place of Signature		(yy/mm/dd)		Signature of Applicant	
Section E RESERVED TO THE COMMUNITY ENROLMENT COMMITTEE ONLY					
THIS APPLICATION HAS BEEN REVIEWED BY THE _____ ENROLMENT COMMITTEE AND HAS BEEN:					
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Missing Information					
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		X Signature of the Community Enrolment Secretary	
Community Enrolment Committee Decision No.		SECTION RESERVED TO NUNAVIK ENROLMENT OFFICE Registered into the Nunavik Inuit Beneficiaries Register Yes Date: _____ INITIALS: _____			

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