



Form F

Request to Review a Decision Application 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 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 | | |
| Section D INFORMATION OF THE DECISION | | | | | |
| Identify the Community Enrolment Committee | | Decision No. | Date of Decision (yy/mm/dd) | | |
| Reason(s) given by the Community Enrolment Committee for not approving the Application (If insufficient space, please attach an additional sheet): | | | | | |

Section D (cont'd) INFORMATION OF THE DECISION

Briefly state the reason(s) why the Application should be approved by the Nunavik Enrolment Review Committee. Please attach a copy of the Application, the Decision rendered by the Community Enrolment Committee and any other supportive documents (If insufficient space, please attach an additional sheet):

| | | |
|--|-----------|---|
| 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? Y:Yes N:No (if YES, please specify) | Community | 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 |
| | Date | |

Section E DECLARATION & SIGNATURE OF APPLICANT

| | |
|--|--|
| I hereby declare that the information contained in this Application is accurate and true to the best of my knowledge. Supportive documents enclosed: Yes No | X Signature of Applicant |
| Place of Signature (yy/mm/dd) | |

Section F RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY

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|---|---------------------------------|----------|
| Application received within twelve (12) months of the date of the Decision rendered by the Community Enrolment Committee <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Reception (yy/mm/dd) | Initials |
| Application sent to the Community Enrolment Committee <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Transmission (yy/mm/dd) | Initials |
| Application sent to the Nunavik Enrolment Review Committee <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Transmission (yy/mm/dd) | Initials |
| Notice of Acknowledgment sent to the Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Transmission (yy/mm/dd) | Initials |

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