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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 I

Nunavik Inuit Beneficiary Card with Photo Application Form (Child)

(No photograph required for children 11 years old and younger)

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 | | | | (If the Applicant is the same as the Person Concerned, please skip Section A and go directly to Section 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 Mother Father Other (specify) | | | |
| Section B | | INFORMATION OF THE CHILD CONCERNED | | | | |
| First Application for a Nunavik Inuit Beneficiary Card (No Applicable Fee) | | | Replacement of a lost, stolen, destroyed Nunavik Inuit Beneficiary Card (Applicable Fee \$10.00) | | | |
| 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 | | INFORMATION OF THE PARENTS OF THE CHILD CONCERNED | | | | |
| Family Name of Father | | Middle name of Father | | Given name(s) of Father | | |
| 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. | |

Enrolment Nunavik Inuit Beneficiary Application Form (child)

| Section C (cont'd) INFORMATION OF THE PARENTS OF THE CHILD CONCERNED | | | | | | |
|--|---------------------|-----------------------|------------------------|---------------------------------|--------------------------|----------|
| Maiden Name of Mother | | Middle name of Mother | | | Given name(s) of Mother | |
| 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. | SIN No. |
| Marital Status | Single Separated | Married Divorced | Common Law Widow | | Date of Event (yy/mm/dd) | |
| 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 and that the photograph enclosed (if applicable) is a true likeness of the person concerned. Supportive documents enclosed: Yes No | | | | | X | |
| Place of Signature | | (yy/mm/dd) | | | | |
| Section E RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY | | | | | | |
| THIS APPLICATION HAS BEEN REVIEWED BY THE NUNAVIK ENROLMENT OFFICE AND HAS BEEN: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Missing Information | | | | | | |
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| Identification No. of the Nunavik Inuit Beneficiary Card issued | | | | Registration No. | | Initials |
| Date of Issuance of the Cards | | | | Date of Registration (yy/mm/dd) | | Initials |

One signed copy for: (1) the applicant (2) Nunavik Enrolment Office
Assure yourself that all required documents are attached to the present Application
One photograph Applicable fee if required
(No photograph required for children 11 years old and younger)