

Nunavik Enrolment Office P.O. Box 179

Kuujjuaq, Nunavik (Quebec) J0M 1C0 Tel: (819) 964-2925 Fax: (819) 964-0458

Website: www.makivik.org

## Form D Re-establishment of Residence in Nunavik 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			IDENTIF	ICATIO	N OF	F TH	HE APPL	.IC	ANT !	(if the	Applicant is the sa	ame as the I	Person Conce	rned, please skip		
Applicant Family Name			Applicant Middle name						Applicant Given name(s)					Female Male		
								Home Tel.:								
Date of Birth (yy/mm/dd) Place of Birth Com				Comn	mmunity Affiliation Co			Community of Residence			Work Tel:					
(111 - 111 -												· I				
Address of Residence			C				City	v Pr			Provir	nce/Territ	orv	Postal Code		
Address of Residence									Relationship to the perso							
Beneficiary No Social Insurance			rance No	Ha	Other Health Care Card No.					her (s	er (specify)					
Beneficiary No Section B		30clai ilisu			N OF THE PERSON CONCERNED											
														Female		
Family Namo			Middle name								Given nan		Male			
Family Name			Iviluale Halli							Home Phone						
Data of Birth (calcondab)			Place of Birth				Beneficiary No.		-	Work Phone No.						
Date of Birth (yy/mm/dd)			Place of Birth				Beneficia		I y INO.							
												c = .				
Address of Residence					Province/Terr		errit	ritory				ears of Resi erritory" (if a	dence "Outside applicable)			
			1	·			-									
Community of Residence	e Community Affiliation				Social Insurance N			No.	Н				ımber Health (if Applicable)			
										Do they attend school in Nunavik? Yes No						
Date of return in the					Number of Childre			ildren	If <b>NO</b> , Specify where $\rightarrow$							
community (yy/mm/dd) Place of Work & Address							under 18	_								
Was the person concerned residing "Outside Territory" for						Yes No If <b>YES</b> , specify which										
education purposes?					institution and address→											
Was the person concerned residing "Outside Territory" for					Yes No If <b>YES</b> , specify which											
health purposes?					institution and address→											
Was the person concerned residing "Outside Territory" for						Yes No										
purposes of employment with an organization whose mandate is to promote the welfare of Inuit?					If <b>YES</b> , specify which Organization and address			ress→								
Please specify the purpose why the person concerned was						0										
residing "Outside Territory" if not for education/health /employment with organization as above identified→																
/employment with organiza	auon d	is above idei	ııııeu→													



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	S	ection C	MAF	RITAL STA	TUS	OF THE	PERS	ON (	CON	CERNED				
Marital Status	Single	Married	Common Law											
	Separated	Divorced	Widow							Date of Event (yy/mm/dd)				
Family Name of Conso				ort				ı	Given Name(s)					
Date of Birt	h of Consort	(yy/mm/dd)	Beneficiary No.			lo. Consort			SIN No. Consort					
										Total Years of Residence "O				
Addr	ess of Reside	nce	City			Province/Territory			Postal Code			Territory" (if applicable)		
												"N" Number Health		
Community of F	Residence	Communi	ty Affiliation			Social Insurance No.			Не	ealth Care Car	d No.			
Section D		INFORMATIO	N O	F THE PAR	RENT	S OF T	HE PER	RSON	N CC	NCERNED	)			
	Name of Fath	er	Given			name(s) of Father				Date of Birth	ո (yy/mm/ l	Ben. No.		
Address of Residence				City		Province/Territory		ry	Po			ears of Residence "Outside rritory" (if applicable)		
									"N" Number Health			" Number Health		
Community of Residence Commun			ty Affiliation		S	Social Insurance No.		Э.	Health Care Car		d No. Can		ada (if Applicable)	
Maidan Nava of Makkan				Given name(s) of			10thar			Data of Birth	h (yy/mm/dd) Ben. No.		Pon No	
Maiden Name of Mother			Given name			ine(s) or i	s) or women		Date of Birth (yy/mm/			uuj	Bell. NO.	
Address of Residence				City		Province/Territory			D.				Residence "Outside	
Address of Residence		ence		City		Frovince, remitory		ГУ	r ostar code		Te	rritory	(if applicable)	
Camana unitar af I	2:-	60.000.000	A EE	:::a+:a-a		Social Insurance No.			Health Care Card No.			"N" Number Health Canada (if Applicable)		
Community of F Section E	Residence	Communi	ty An	ELIGIBI		rance No	ance No.   Health Care Card No.   Cana					ада (п Аррисавіе)		
Yes No														
Is the person concerned a Canadian citizen?						Specify →								
Is the person concerned an Inuk according to Inuit customs and traditions?					Yes No Specify $ ightarrow$									
Does the person concerned identify his/herself as an Inuk?						Yes No Specify $ ightarrow$								
Does the person concerned 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 $\rightarrow$							Ben. No.		
Has the person concerned filed any application form to a						Application A: New Enrolment (Adult) Application B: New Enrolment (Child)								
Community Enrolment Committee and/or Nunavik Enrolment Review Committee within the last twelve (12) months of the									ication B. New Enrollment (Child)					
date of the present Application? Yes No						Appli			ication D: Re-Establishment Residence in Nunavik					
(if <b>YES</b> , please specify)									ication E: Removal from Nunavik Inuit Beneficiary List ication F: Request to Review a Decision					
Additional informa		licant wishes to ad	ld (if r	required):			ş.							



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Section F DECLARATION & SIGNATURE OF APPLICANT										
I hereby declare that the information contained in this Application										
is accurate and true to the be	est of my knowled	v								
Supportive documents enclos	Yes	No		X						
					Signature of Applicant					
Place of Signature		(yy/m	m/dd)							
Section G	RESERVED TO	THE COMIV	<b>IUNITY E</b>	<b>NROLM</b>	ENT COMMITTEE ONLY					
THIS APPLICATION HAS BE	EN REVIEWED	BY THE			ENROLMENT COMMITTEE					
AND HAS BEEN:	Approved	Not app	roved	Mi	ssing Information					
Reasons for not approving:	] Not a Canadian	citizen		Not an Inuk according to Inuit customs and traditions						
	Does not indent			Is not associated with the community						
☐ Is enrolled at other Land Claim Agreement or Treaty										
	Other (specify b	elow):								
					X					
Place of Signatur	Date			Signature of the Community Enrolment Secretary						
Community Enrolment Comm	nittee	SECTION RESERVED TO NUNAVIK ENROLMENT OFFICE								
Decision No.		Registered into the Nunavik Inuit Beneficiaries Register Yes								
	Date:									

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