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Société Makivik
Makivik Corporation

Nunavik Enrolment Office
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Form E

Removal from Nunavik Inuit Beneficiaries Register 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.:	
Date of Birth (yy/mm/dd)		Place of Birth		Community Affiliation		Community of Residence		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.			
Date of Birth (yy/mm/dd)		Place of Birth		Beneficiary 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)			
Marital Status	Separated	Divorced	Widow						
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)	

Section D IDENTIFY THE REASON(S) TO BE REMOVED		
Death	Date→	
Enrolled by Mistake	Date →	
Divorce	Date→	
Legal Separation	Date→	
<i>De Facto</i> Separation (Please Complete and Sign Section E)	Date→	
Is registered under another Canadian Land Claim	Specify →	Identify Land Claim: Beneficiary No. Date (yy/mm/dd):
Other (please provide a brief explanation why you are requesting the removal of the beneficiary from the Nunavik Inuit Beneficiaries Register. (If insufficient space, 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? Yes No	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 E DECLARATION ATTESTING DE FACTO SEPARATION		
I hereby declare that the Person Concerned has been separated from his/her Consort for a period of at least one (1) year and that this Declaration is accurate and true to the best of my knowledge.		X
Place of Signature	(yy/mm/dd)	Signature
Section F 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
Place of Signature	(yy/mm/dd)	Signature of Applicant
Section G 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