



**Form J**  
**Access Nominative Information of the**  
**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

<b>Section A IDENTIFICATION OF THE APPLICANT</b>		
Name of Applicant (Individual or company/organization)		
Contact Person (if a company/organization)		Title
Address		
City or Town	Territory/Province	Postal Code
Office Telephone	Telecopier No.	Email Address
<b>Section B INFORMATION REQUESTED BY THE APPLICANT</b>		
The Applicant hereby requests access under the terms of the <i>Access to Information and Protection of Privacy Act</i> to confidential information of the Nunavik Enrolment Office records under the authority of Makivik Corporation, information identified as follows (provide details regarding the information being sought):		
Purpose:		
<b>Method of access preferred:</b>	<b>Delivery by mail</b> <b>Pick-up by the Applicant</b>	<b>Consultation at the office of Nunavik Enrolment Office</b> <b>Other (specify)</b>
<b>Section C UNDERTAKING &amp; SIGNATURE OF THE APPLICANT</b>		
In obtaining access to personal information under the provisions of the <i>Access to Information and Protection of Privacy Act</i> , the Applicant hereby undertakes that all confidential information received or exchanged will be held in strict confidence. Confidential information will be extracted in the way described and approved and will not be used for any purpose other than for which it was provided. Confidential information will be kept in a secure physical location. Identifiable information will not be transmitted over the internet unless the information is encrypted in an approved fashion. The confidential information disclosed will in no way be used for computer linkage to any other existing database(s). The Applicant may be liable failing to respect the present undertakings and requirements at Law.		
Place of Signature	(yy/mm/dd)	<b>X</b> Signature of Applicant
<b>Section D RESERVED TO THE NUNAVIK ENROLMENT OFFICE ONLY</b>		
Date of Reception of the Present Application		Initials
<b>THIS APPLICATION HAS BEEN REVIEWED BY THE NUNAVIK ENROLMENT OFFICE AND HAS BEEN:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not approved</b> <input type="checkbox"/> <b>Missing Information Other (specify below)</b>		
Place of Signature	Date	Authorized Signature of the Person in charge of access to documents

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