

<u>-24'02'4' '06'50' '06'50' '06'50'</u>

᠔ᢟ᠌᠌᠈᠘᠂᠘᠆ᠳ᠊ᠣ᠋᠀ᡷ᠋᠋ᡰ᠂ᠳ᠋᠋᠙᠋ᡗ᠋ᢩᢄ᠆ᠳᢑ᠋᠉	ᲡᲘᲡᲑᲐᲫ _Ა Ა:	
۴ ^ړ ۱۵۰ و ۲:		
ላ∩ራ▷ነልኈቦ፡		
ᢄ᠆ᠴᡄ᠋᠋᠋᠂ᢗ᠌᠌᠙ᠯ᠋᠋᠋᠋᠂᠋ᢄᢞᠦ	,٥٩٩, dV،,2	024.
∠∽⊳4jU"rc 6Uc4U"r #:		
∿∝ഺๅ _๛ ⊳∪ _° ฅ⊂ഺ∪ _° Ր #:		
٥- ۲۵ کفح، ۵۹ کفح، ۵۹ ک		
۵،۳۶۰ ۵Us		
'bռርዖኑዖ' ሻርረልን፡		

<u>U-}4</u> (5)

2.____ ∢∩∿เ

_____ Δ_ϷϟJŊͽϽϾ ϷͶ·ϟϦͽϧ ϤϽϹϷͽϷϩͿϲ ϞϹϾ·Ͽͽϼ ϾϟͽϽͽϙ Δ

ᠳᢕᢧ ᡔ᠋ᠴᡕ᠐ᢆ᠅ᢣ᠋ᡐᡗ᠆ᢆᡄᠥ᠋ᠮ᠈ᡪ᠋

ΔερέJη»ις ρυζημη αυεριατίς κεασδή αριατίας

 5.
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1.

2.__

_________ Δινο μαιαιά μαιαιά

(C) کغ فا معه ۲۱نα

1. ΔεθίΓαισ' Δες'Γριααίσ' Δες'Γ' σραιζολιζαίζος "ι;

P^ˆ_αD[↓][◦]NJ[→] bC^crL_α[∞]b;

Δ_D
 Δ_D
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ϤʹϚϳͿϧϷ ϹʹϝͺͰϣϷ Ϥ^ͺͰͺϫ ϤϷϝͺͰͼʹϒϹͽϽΔ[°]ϫͼϷϨͰ ϔϹϷͿͶͼʹϒϹϐϭͼϧϫ ϞϧϤϹϷͼϳͼϟͼ, ϤʹϚϳΔ[°]ϫ ϹʹϝͺͰͼ ϤͼͿͽʹϟͺͰϝͼʹϟͺͶϷ ϪͼͽϫϿϪͼϷͼϚͽϹϷͼϚͶͿͼ, ͽͿϞϫʹϚϷͿͰͼϚϷͶϹϷ ϪͼͽϫϭϭͼͼϹϫͼ Ϫʹͼϧϲʹ;

5. ۹۲-٬۲۵۵٬۵۰ کو ۲۰٬۵۵۰ کو ۲۰٬۵۵۰ کو ۲۰٬۵۵۰ کو ۲۰٬۵۵۰ کو ۲۰٬۵۵۰ کو ۶۰٬۵۰۰ کو 5. ۹۲-٬۵۵۰ کو 5. ۹۲-٬۵۵۰ کو 5. ۹۲-٬

P°J/c0°rLc°b- ۲'ם 4'σ 4'σ'

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۲. ۸۵۲٬۵۱۹٬۹۵۲ ، ۵۲٬۹۵۱ مارد ۲۶٬۹۵۱ مارد ۲۰ ۲۰

Λαταργαρια το μαρια τ

ላበራ እጋም ዲያል ርስሀናላጋም፡

◊`ڡ٥له ____٥٢٢ ____, 2024.

(b) ^{\$\$}b⁵σ⁵J⁶ ⁴ασ⁵ ⁵α¹Γ²¹

۵٬۲۱۵٬۰ ما۰۵٬۹۰۵ ، ۵۵۶٬۹۰۵ ، ۵۵۶٬۹۰۵ ، ۵۵۶٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵

(Δ_νζεβ / Δρβ) δ.¬Lβ4, δ.μοι, ζ. C.-Γα, δ.ητοις, βUTβ4, β. (i) (γ. γους δ.α. (γ. γους δ.α. (γ. γους γ. γους)) (γ. γους γ.α. (γ. γους)) (γ. γους γ.α. (γ. γους)) (γ. γους) (γ. γ ۵٬۷۱۵٬۰۱۵ ، ما۵٬۰۲۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵ ، ۵٬۹۰۵

ፈሀሩ ኦጋም ዲሳሪ ኦግላጋ የ- ግር ላ ግ ሆ

ک`ے℃لح _____مدگ⁶, dV⁶_____, 2024.

⊲▷ʿ∟∩ር▷Ր⊲⌒ʰ Ϲʻ⌒L∿∿J∟▷ʻ∩ϱJ Λ∿ႱႷጋσ, Ĺኑ 7, 2024

/b℃Jd℃ **514-745-0364**

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^ና ኮഹር ኮታ በታ ጋ ታ ር ኮዎ ነ: <u>elections@makivvik.ca</u>



COMMUNITY DIRECTORS' NOMINATION FORM

۱		, HEREBY DECLARE MY INTENTION TO RUN FOR			
THE POSITION OF BOARD OF DI	RECTOR FOR THE CO	DMMUNITY OF:			
SIGNATURE:					
DATED AT	, NUNAVIK , QUE	EBEC,, 2024.			
BENEFICIARY #:		_			
SOCIAL INSURANCE #:					
DATE OF BIRTH:		-			
Phone Number:		-			
Email Address:					
NOMINATORS (5)					
(a) <u>Nominators at Large (5)</u> : please obtain names, beneficiary numbers and signatures of members of the Corporation that are of the age of majority, affiliated with your community and ordinarily resident therein.					
1					
Name		I confirm by my signature that the candidate is fluent in Inuktitut			
2					
Name	Beneficiary Numbe	 I confirm by my signature that the candidate is fluent in Inuktitut. 			

3.				
Name		Beneficiary Number	I confirm by my signature that the candidate is fluent in Inuktitut.	
4 Name		Beneficiary Number	I confirm by my signature that the candidate is fluent in Inuktitut.	
5 Name		Beneficiary Number	I confirm by my signature that the candidate is fluent in Inuktitut.	
(b) Attestation of a Makvivik Executive Director and/or a Director of the Landholding Corporation of the Community for Which the Nominee is Presenting His Candidacy (2)				
1 Name of Dir	rector (Makivvik or LHC)		I confirm by my signature that the candidate is fluent in Inuktitut.	
2 Name of Dir	rector (Makivvik or LHC)	Beneficiary Number	I confirm by my signature that the candidate is fluent in Inuktitut.	
(c) General Declaration				
I,, ALSO HEREBY ATTEST AND DECLARE AS FOLLOWS:				
1. THAT I am affiliated and ordinarily residing in the mentioned community;				
2. THAT I am not an undischarged bankrupt;				
3. THAT I am a beneficiary of the James Bay and Northern Quebec Inuit Agreement;				
4. THAT I have not been convicted of an indictable offense punishable by imprisonment for two (2) years or more; and THAT if such has been the case, it has been more than five (5) years after the term of				

4. THAT I have not been convicted of an indictable offense punishable by imprisonment for two (2) years or more; and THAT if such has been the case, it has been more than five (5) years after the term of imprisonment fixed by the sentence thereto; and THAT, if only a fine had been imposed or the sentence had been suspended, that it has been more than five (5) years since the date of the conviction, unless the person has obtained a pardon for such indictable offense;

5. THAT I do not have any outstanding debts of any nature or kind with the corporation and/or one of its subsidiaries which have remained unpaid for more than ninety (90) days, or THAT I have not failed in the past to honour a debt which remains unpaid to the Corporation and/or one of its subsidiaries;

6. THAT I am fluent in Inuktitut.

7. THAT I am not an employee of the Corporation or one of its subsidiaries;

8. THAT my actions, activities or relationships would not have, directly or indirectly, the effect of disqualifying the Corporation and/or its affiliates from eligibility for contracts with any public body, as per the following declaration.

SIGNATURE OF NOMINEE: _____

DATED AT_____, NUNAVIK , QUEBEC, _____, 2024.

(d) Declaration of Interest

I, ______, ALSO HEREBY ATTEST AND DECLARE AS FOLLOWS: (please circle your answer and provide details if necessary)

i) (**YES /NO**) As of the present date or for the previous 5 years, I am/was the owner of a business, either as a sole proprietor, shareholder of a corporation or a partner in a partnership.

If **YES**: please state the names of the enterprise(s), businesses, corporations or partnerships for which you are or for which you were an owner.

ii) (**YES / NO**) As of the present date or for the previous 5 years, I am/was the director or officer of a corporation (including a Landholding Corporation; non-profit corporation; cooperative).

If **YES**: please state the names of the enterprise(s), businesses, corporations or partnerships for which you act or acted as a director or officer.

iii) (**YES / NO**) To my knowledge, the enterprise(s) that I own/owned or for which I act/acted as a director or officer; has/have been found guilty, within the past 5 years, of a criminal or penal offence, in Canada or abroad, that would have prevented it from being eligible to bid on contracts with any public body.

If **YES**: please list the criminal or penal infractions of the enterprise, for which it has been found guilty, that it had committed within the past 5 years.

I hereby attest that the foregoing information provided is accurate, and furthermore I authorize the Chief Returning Officer to verify the veracity of all of the information submitted hereinabove with law enforcement authorities for the purposes of establishing my qualification or disqualification as a candidate for election as a director of the Makivvik Corporation.

SIGNATURE OF NOMINEE:

DATED AT_____, NUNAVIK , QUEBEC, _____, 2024.

The deadline to send the completed nomination forms is:

Wednesday, March 7th, 2024 before 5:00 P.M.

Fax: 514-745-0364

or

email: elections@makivvik.ca