



**NOMINATION FORM**

I \_\_\_\_\_, HEREBY DECLARE MY INTENTION TO RUN FOR  
THE POSITION OF \_\_\_\_\_.

**SIGNATURE:** \_\_\_\_\_

DATED AT \_\_\_\_\_, NUNAVIK, QUEBEC, \_\_\_\_\_

BENEFICIARY #: \_\_\_\_\_

SOCIAL INSURANCE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOMINATORS (10)**

**(A) NOMINATORS AT LARGE (AT LEAST 10 NOMINATORS OF WHICH AT LEAST 5 RESIDE IN DIFFERENT NUNAVIK INUIT COMMUNITIES) WHO ATTEST THAT THE NOMINEE SPEAKS FLUENTLY IN INUKTITUT**

1. \_\_\_\_\_  
Name Beneficiary Number Signature  
\_\_\_\_\_  
Residence of Nominator

2. \_\_\_\_\_  
Name Beneficiary Number Signature  
\_\_\_\_\_  
Residence of Nominator

3. \_\_\_\_\_  
Name Beneficiary Number Signature  
\_\_\_\_\_  
Residence of Nominator

4. \_\_\_\_\_  
Name Beneficiary Number Signature  
\_\_\_\_\_  
Residence of Nominator

5. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

6. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

7. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

8. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

9. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

10. \_\_\_\_\_  
Name Beneficiary Number Signature

\_\_\_\_\_  
Residence of Nominator

**ATTESTATIONS (3)**

**(B) ATTESTATION OF A MAKIVVIK DIRECTOR (3) (N.B. AN INCUMBENT EXECUTIVE DIRECTOR IS EXEMPT FROM OBTAINING THE FOLLOWING SIGNATURES)**

1. \_\_\_\_\_  
Name of Director (Makivvik) Beneficiary Number \_\_\_\_\_  
I confirm by my signature that the candidate is fluent in Inuktitut.

2. \_\_\_\_\_  
Name of Director (Makivvik) Beneficiary Number \_\_\_\_\_  
I confirm by my signature that the candidate is fluent in Inuktitut.

3. \_\_\_\_\_  
Name of Director (Makivvik) Beneficiary Number \_\_\_\_\_  
I confirm by my signature that the candidate is fluent in Inuktitut.

**DECLARATION**

**(C) GENERAL DECLARATION**

I, \_\_\_\_\_, ALSO HEREBY ATTEST AND DECLARE AS FOLLOWS:

1. THAT I am entitled to exercise my rights or receive benefits under the *Act Respecting Cree, Inuit and Naskapi Native Persons* (CQLR, chap. A-33.1) ;
2. THAT I am 18 years of age or older;
3. THAT I am not an undischarged bankrupt;
4. THAT I am a beneficiary of the *James Bay and Northern Quebec Inuit Agreement*;
5. 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;
6. 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;
7. THAT I am fluent in Inuktitut.
8. THAT I am not an employee of the Corporation, other than as an Executive Director, or one of its subsidiaries;
9. 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, \_\_\_\_\_, 20\_\_\_\_\_.

**DECLARATION OF INTEREST**

**(D) DECLARATION OF INTEREST**

I, \_\_\_\_\_, ALSO HEREBY ATTEST AND DECLARE AS FOLLOWS: (**please circle your answer and provide details if necessary**. If you require extra space please attach additional pages.)

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, whether active or inactive.

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.

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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), whether active or inactive.

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.

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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.

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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 an Executive Director of Makivik.

**SIGNATURE OF NOMINEE:** \_\_\_\_\_

DATED AT \_\_\_\_\_, NUNAVIK, QUEBEC, \_\_\_\_\_.