



Gwich'inat Eenjit Gàdatr'igwijiłcheii Gidilii

Gwich'in Tribal Council

APPLICATION TO CHANGE NAME IN THE GWICH'IN COMPREHENSIVE LAND CLAIM AGREEMENT

Full Name:			
Provide the following info:			
Enrolment Number		Date of Birth	
Health Care No.	SIN No.		Email:
Change my name to the following:			
First Name:		Last Name:	
Middle Name:			
Reason for Name Change (Check one):			
<input type="checkbox"/>	MARRIAGE (please attach copy of marriage certificate)		
<input type="checkbox"/>	DIVORCE (please attach copy)		
<input type="checkbox"/>	OTHER (please attach copies of supporting documentation)		
Home Address			
Apt./Unit	Street No.	Street Name	City/Town
Country	Province/State	Postal Code	
Mailing Address <input type="checkbox"/> <i>Tick here if it the same as Home Address</i>			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Country	Province/State	Postal Code

Applicant Signature

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily to update my enrolment file.

Print Name of Applicant

Date: MM-DD-YYYY

Signature of Applicant (If 19 years of age or older)

Date: MM-DD-YYYY

FOR OFFICE USE ONLY

Date received

Date reviewed by Enrolment Officer

Date Processed

Date of Enrolment

Enrolment No.

Applying In Person

Please bring this form and copies of your supporting documents to:

Gwich'in Tribal Council
1-3 Council Crescent
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Mail

Mail or Courier this form and copies of your supporting documents to:

Gwich'in Tribal Council
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax this form and copies of your supporting documents.

Fax to 867-777-7919.

Attention to: Enrolment

Applying By Email

Please email this form and copies of your supporting documents to: enrolment@gwichintribal.ca.