



PARTICIPANT'S GWICH'IN COMMUNITY TRANSFER REQUEST
- STATEMENT OF CONSENT -

| | | | |
|--|----------------------------------|--|-------------|
| Full Name: | | | |
| | | | |
| Provide the following information | | | |
| Enrolment Number | | Date of Birth | |
| | | (MM-DD-YYYY) | |
| Community Presently Associated with | | Community Participant wishes to be Associated with | |
| <input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic | | <input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic | |
| Contact Information (Please provide either a Phone Number or Email Address (preferably both) so that we can contact you) | | | |
| Phone Number | | Email | |
| | | | |
| Home Address | | | |
| P.O. Box | Apt./Unit | Street No. | Street Name |
| | | | |
| City/Town | Province/State | Country | Postal Code |
| | | | |
| Mailing Address <input type="checkbox"/> Tick here if it the same as Home Address | | | |
| P.O. Box | Apt./Unit | Street No. | Street Name |
| | | | |
| City/Town | Province/State | Country | Postal Code |
| | | | |
| If you wanted your minor child(ren) to transfer also, please list below: | | | |
| Name of Child(ren) | Date of Birth (YYY-MM-DD) | Enrolment Number | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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.

* In case of minor children both parents must sign the request for transfer

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 Officer

Date Processed

Applying In Person

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

Gwichin 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:

Gwichin Tribal Council
Attention to: Enrollment
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax with 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.