



Gwich'inat Eenjit Gàdatr'igwìlcheii Gidilii

Gwich'in Tribal Council

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

Full Name			
Provide the following information			
Enrolment Number		Date of Birth	
		(MM-DD-YYYY)	
Contact Information (Please provide either a Phone Number or Email Address (preferably both) so that we can contact you)			
Phone Number		Email	
New Home Address			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Province/State	Country	Postal Code
New 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

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 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 to 867-777-7919.
Attention to: Enrolment
Fax with this form and copies of your supporting documents.

Applying By Email

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