

APPLICATION FOR TRANSFER



SAHTU ENROLMENT APPLICATION

Sahtu Enrolment Board
 Box 155, Deline, NT X0E 0G0

Tel: (867) 589-4719 Ext#27 Fax: (867) 589-4908 Website: www.sahtu.ca/enrolment.html

Application for: SELF CHILD

IF FOR CHILD, PLEASE FILL IN YOUR PERMANENT ADDRESS BELOW

Name _____ Tel. _____
 Address _____

Marital Status: Single Married
 Widow Common Law

Spouse's Name: _____

CURRENT ENROLMENT NUMBER

1. PERSONAL INFORMATION (Applicant)

First Name: _____

Middle Name: _____

Last Name: _____

Other Names: _____

Date of Birth (01/JAN/1959)

DAY	MONTH	YEAR

Sex Male Female

Mailing Address (St Address, Box #)
 Address Line 2

Contact Number: ()

Email Address: @

Prov./Terr.: _____ Postal Code: _____

Community (Town, City)

Birth Certificate #: _____

Social Insurance # - -

Citizenship: Canadian Other

Harvester Card # (Optional)

If Other Citizenship, please Explain below:

2. CURRENT COMMUNITY AFFILIATION

I am currently a member of one of the communities listed below, please check the appropriate box.

- () Colville Lake Dene
- () Deline Dene
- () Fort Good Hope Metis
- () Fort Good Hope Dene
- () Norman Wells
- () Tulit'a Dene
- () Fort Norman Metis



3. SAHTU COMMUNITY AFFILIATION

I wish to be enrolled as part of the following Sahtu Community, please check the appropriate box

- () Colville Lake Dene
- () Deline Dene
- () Fort Good Hope Metis
- () Fort Good Hope Dene
- () Norman Wells
- () Tulit'a Dene
- () Fort Norman Metis

I hereby withdraw from my current community affiliated Land Corporation and would like to transfer to a to my new Land Corporation listed above.

IT IS A CRIMINAL OFFENCE TO MAKE THIS APPLICATION UNDER FALSE PRETENSES. ANYONE DOING SO MAY BE LIABLE TO IMPRISONMENT FOR A PERIOD NOT EXCEEDING TEN YEARS.

APPLICANT / PARENT OR GUARDIAN SIGNATURE

DATE

WITNESS TO APPLICANT

DATE

6. FOR BOARD USE ONLY

DATE APPLICATION RECEIVED: _____

APPLICATION COMPLETE:

YES () NO ()

APPLICATION ACCEPTED BY BOARD:

YES () NO ()

MORE INFORMATION NEEDED:

YES () NO ()

BOARD DECISION:

() APPROVED () NOT APPROVED

DATE OF WHEN APPLICANT WILL BE NOTIFIED: _____

MOTION #: _____

NEW ENROLMENT NUMBER: _____

ENROLMENT COORDINATOR SIGNATURE

DATE