

Lac Seul First Nation

TIMBER CLAIM SETTLEMENT FUND
 P.O. BOX 148
 HUDSON, ONTARIO
 POV 1X0
 TELEPHONE: (807) 582-9722
 TOLL FREE: 1-866-582-9722



This form is for use by an individual band member applying for a gift on his or her own behalf and a registered Band member by September 9, 2010.

FORM 1			
BAND MEMBER GIFT APPLICATION			
PART 1 YOUR INFORMATION			
Last Name:			
Given Name(s):			
Date of Birth: ____/____/____ <small>Day / Mo / Year</small>	Band Registry Number: 2 / 0 / 5 / ____ / ____ / ____ / ____ / ____ / ____	Age:	Sex: M / F
Current Marital Status: (Check only one box if applicable)			
<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Widowed	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	
Street Address or PO Box No.:			
City/Town:	Phone:	Facsimile:	
Province:	Postal Code:	Email:	
I currently reside: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve			
Current Income: <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance (welfare) <input type="checkbox"/> DSP (Disability Benefits)			
<input type="checkbox"/> Canadian Child Tax Benefit <input type="checkbox"/> OTHER _____			
PART 2 PROOF OF IDENTIFICATION			
Included with this application are the following copies of identification (2 are required):			
<input type="checkbox"/> Certificate of Indian Status	<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Health Card or Driver's Licence	<input type="checkbox"/> Other, please explain: _____		
PART 3 GIFT INSTRUCTIONS			
Please make gift to:			
When Application is processed, then please: <input type="checkbox"/> Mail to me <input type="checkbox"/> Leave for pick up <input type="checkbox"/> Cash Gift			
(for Lac Seul members on social assistance, employment insurance, disability support benefits, Canadian child tax benefits)			
<i>Please note that applications will be verified and processed in a timely manner. Processing may take 5 business days or longer.</i>			
PART 4 AUTHORIZATIONS AND DECLARATIONS			
I authorize Lac Seul First Nation to verify the information provided on this form.			
I have provided the information on this form in order to obtain this gift of the Lac Seul First Nation Timber Claim Settlement proceeds gifted to me and I hereby declare that I am legally entitled to receive this gift. I certify that by making this gift to me, Lac Seul First Nation has met its obligation to me. I further declare that the answers given by me on this application, to the best of my knowledge and belief, are true and full, and I have withheld no material facts from Lac Seul First Nation.			
By signing this form and thus accepting this gift from Lac Seul First Nation, I hereby accept full responsibility of this gift received from the Lac Seul First Nation and release the Lac Seul First Nation from any future legal actions for the gift received by me.			
_____		_____	
Applicant Band Member's Signature		Date	
_____		_____	
Witness Signature		Date	

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BAND MEMBER GIFT APPLICATION

NOTES SECTION: PLEASE USE THE SPACE BELOW TO PROVIDE ANY INFORMATION THAT MAY HELP US PROCESS THIS CLAIM.

FOR OFFICE USE ONLY – DO NOT COMPLETE SECTION BELOW

Application Review Date:	
Band Membership Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Verified By:	Date:
Cheque Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque Number:
Date Issued:	Gift Cheque Issued By:
Cheque Mailed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailed By and Date:
Date Picked Up:	Picked Up By: