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

1. PERSONAL INFORMATION (Applicant)
First Name:
Last Name:
Date of Birth (01/MAY/1959)
Mailing Address (St Address, Box #)
Address Line 2
Community (Town, City)
Social Insurance #
Harvester Card # (Optional)

CURRENT ENROLMENT NUMBER
Marital Status:
Single Married
Widow Common Law
Spouse’s Name:

Middle Name:
Other Names:
Sex Male Female
Contact Number:
Email Address:
Prov./Terr. Postal Code:
Birth Certificate #:
Citizenship: Canadian Other
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

Transfer to:

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.

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<th>APPLICANT / PARENT OR GUARDIAN SIGNATURE</th>
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<th>WITNESS TO APPLICANT</th>
<th>DATE</th>
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### 6. FOR BOARD USE ONLY

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<th>DATE APPLICATION RECEIVED:</th>
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APPLICATION COMPLETE:

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<th>YES ( )</th>
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APPLICATION ACCEPTED BY BOARD:

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<th>YES ( )</th>
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MORE INFORMATION NEEDED:

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<th>YES ( )</th>
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BOARD DECISION:

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DATE OF WHEN APPLICANT WILL BE NOTIFIED:

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MOTION #: 

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NEW ENROLMENT NUMBER:

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ENROLMENT COORDINATOR SIGNATURE

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