



# Nunavut Enrolment Appeals Committee

## Form F: Appeal from Enrolment

This form is to be used where a person was enrolled on the Inuit Enrolment List and another person wishes to appeal.

Nunavut Tunngavik Inc.  
Enrolment Administrator  
Department of Human Resources  
P.O. Box 280 Rankin Inlet, NU X0C 0G0  
Tel: (867) 645-5400 Fax: (867) 645-3451  
Toll Free: 1-888-236-5400  
Website: www.tunngavik.com

1. Your name (Appellant):

Last:

First:

Middle:

2. Mailing Address:

3. Telephone #:

4. Social Insurance Number:

5. Birth Date: Year:                      Month:                      Day:

6. Your associated community is:

7. This appeal is made because another person was enrolled on the Inuit Enrolment List.

8. (A) Name of person who was enrolled (Applicant):

(B) Community person associated with:

9. The reasons given for the enrolment of the applicant were (attach a copy of written reasons provided by the Enrolment Committee):

10. Briefly state the reasons why the applicant should not be enrolled (attach extra sheets if necessary):

I swear the information above is true and accurate to the best of my knowledge, information and belief and I make this appeal for no improper purpose or delay

Sworn before a Notary Public or a Commissioner of Oaths

this                      day of                      , 20                      .

Print name of Notary or Commissioner above

Print Name of Appellant above