

Enrolment Application Form

Nunavut Tunngavik Incorporated (NTI) is responsible for enrolling individuals as Beneficiaries of the *Nunavut Land Claims Agreement* (NLCA). The process is administered by NTI through the Enrolment Division of the Department of Human Resources, and the Community Enrolment Committees.

Please refer to the Enrolment Program Description for eligibility requirements.

Nunavut Tunngavik Inc. Enrolment Administrator Department of Human Resources P.O. Box 280 Rankin Inlet, NU XOC 0G0 Tel: (867) 645-5400 Fax: (867) 645-3451

Toll Free: 1-888-236-5400 Website: www.tunngavik.com

1. Full Name:	8. Social Insurance Number:
Last:	9. Birthdate: Year: Month: Day:
First:	10. Health Care Card Number:
Middle:	11. Marital Status: □Married □Widow □Separated
2. Mailing Address:	☐Single ☐Divorced ☐Common Law
Street Address:	12. Are you Inuk?: □Yes □No
	13. Are you a Canadian Citizen?: □Yes □No
City:	14. Are you: □Male □Female
Prov./Territory:	15. In order to be enrolled in the NLCA, you cannot be registered in any
Postal Code:	other Canadian land claim or treaty. Are you now registered in any
Home Tel: Work Tel:	other Canadian land claim or treaty?:
3. Associated Community:	□Yes □No
4. Birthplace:	If yes, which one?:
5. Father' Name:	If yes, do you elect to be enrolled in the NLCA?: Yes No
6. Mother's Name:	
7. For married applicants only:	
a. Are you: □Married? □Common Law?	-
b. Spouse's Name:	I hereby declare that the above information is accurate and true to the best of
Last:	my knowledge.
First:	
Middle:	Date:
c. Spouse's Social Insurance Number:	
d. Spouse's Birthdate: Year: Month: Day:	Your Signature/or Guardian's Signature:
FOR COMMUNITY ENROLMENT COMMITTEE (CEC) This application has been reviewed by the Community Enrolment Committed Reasons for not approving:	ee and has been: □ Approved □Not Approved □Missing Information
Notes:	
Date:	Community:
CEC Member's Signature:	CEC Member's Signature:
CEC Member's Signature:	
CLC MEMBER'S SIGNATURE.	