



Enrolment Change and Correction Application Form

If you are enrolled as a Beneficiary of the *Nunavut Land Claims Agreement (NLCA)*, and you need to make a change or correction to the information you have provided to Nunavut Tunngavik Inc. (NTI), please fill out the Enrolment Change and Correction Form and send it to your local Community Enrolment Committee or to NTI:

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

Previous Information

1. Name written on list:

Last: _____
First: _____
Middle: _____

2. Social Insurance Number: _____

3. Date of Birth: Year: _____ Month: _____ Day: _____

4. Health Card Number: _____

New Information

5. Full Name: Change Correction

Last: _____
First: _____
Middle: _____

6. Mailing Address: Change Correction

Street Address/P.O. box: _____
City: _____
Province/Territory: _____
Postal Code: _____
Telephone Number: _____

7. Social Insurance Number: Change Correction

8. Date of Birth: Change Correction

Year: _____ Month: _____ Day: _____

9. Health Card Number: Change Correction

10. Marital Status: Change Correction

Single Married Common-Law Widowed
Separated Divorced

11. In Case of Death Only:

Fill out this section to record the death of a Beneficiary of the NLCA.

Date of death: Year: _____ Month: _____ Day: _____

Please enter the name of the person filling in this form.

Name: _____
Address: _____
Telephone Number: _____

I hereby declare that the above information is accurate and true to the best of my knowledge.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Date Received: _____ Date Corrections Made: _____ Returned for more information

Type of Information: _____

Name of Person Making Changes or Corrections: _____