



Nunavut Enrolment Appeals Committee

Form E: Appeal from Removal

This form is to be used where a person was removed from the Inuit Enrolment List.

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: I; or another person was removed from the Inuit Enrolment List.

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

(B) Community person associated with:

9. The reasons given for the removal 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 removed (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

Print name of Notary or Commissioner above

_____ this day of , 20 .

Print Name of Appellant above