



# 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 Manager  
Department of Inuit Programs and Services  
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Fax: (867) 645-3451 Toll Free: 1-888-236-5400  
Website: [www.tunngavik.com](http://www.tunngavik.com)  
Email: [Enrolment@tunngavik.com](mailto:Enrolment@tunngavik.com)

1. Your name (Appellant):

Last:

First:

Middle:

2. Mailing Address:

3. Telephone #:

4. Social Insurance Number:

5. Birth Date:

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

Print name of Notary or Commissioner above

this \_\_\_\_\_ day of \_\_\_\_\_,  
(Day) (Month) (Year)

Print Name of Applicant above