

APPLICATION FORM TO CEASE TO BE ENROLLED IN THE GWICH'IN CLAIM

APPLICANT INFORMATION		
_____	_____	_____
(First Name)	(Last Name)	
APPLICANT MAILING ADDRESS		
_____	_____	_____
(Address)	(Province/Territories)	(Postal Code)

I, \_\_\_\_\_, declare that;  
(Print Name of Applicant)

- 1. I am enrolled as a participant pursuant to Chapter 4 of the Gwich'in Comprehensive Land Claim Agreement; and
- 2. I am associated with the community of \_\_\_\_\_, NWT; and
- 3. My Enrolment Application Number is \_\_\_\_\_, and
- 4. I am of the age of majority; and
- 5. I would like to cease to be enrolled as a participant pursuant to Chapter 4 of the Gwich'in Comprehensive Land Claim Agreement effective immediately; and
- 6. I would like my name removed from the Gwich'in Enrolment Registry; and
- 7. I understand and agree that I will NOT be entitled to any rights, benefits, interests or privileges accorded to Gwich'in, now or in the future, pursuant to the Gwich'in Comprehensive Land Claim Agreement, or according to the Gwich'in Tribal Council policy or directives.
- 8.  I was provided with a Gwich'in Status Card and I shall return this card to the Gwich'in Enrolment Office
- I was not provided with a Gwich'in Status Card.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

The applicant does not read English. I, \_\_\_\_\_, declare that I have read and explained the application form to the above named Applicant and he/she has expressed his/her total understanding of what is contained in the application form.

\_\_\_\_\_  
Print Name of Interpreter

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Date

FOR OFFICE USE	
Date received by the Gwich'in Tribal Council	
Date reviewed by the Gwich'in Tribal Council Board	
Date Accepted by the Gwich'in Tribal Council Board	