



**THIS NOTICE FORM WILL CHANGE YOUR NAME ON YOUR ENROLMENT IN THE GWICH'IN
COMPREHENSIVE LAND CLAIM AGREEMENT**

I am currently registered under the following name as :			
Full Name:			
Provide the following info:			
Enrolment Number		Date of Birth	
		YYYY MM DD	
Health Care No.	SIN No.	Treaty No.	
Change my name to the following:			
First Name:		Last Name:	
Middle Name:			
Reason for Name Change (Check one):			
<input type="checkbox"/>	MARRIAGE (please attach copy of marriage certificate)		
<input type="checkbox"/>	DIVORCE (please attach copy)		
<input type="checkbox"/>	OTHER (please attach copies of supporting documentation)		
Residential Address:			
Apt./Unit	Street No.	Street Name	City/Town
Country	Province/State	Postal Code	
Current Mailing Address:			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Country	Province/State	Postal Code

Applicant Signature

I certify that the information provided is, to the best of my knowledge, true, correct and complete.
I acknowledge that I am submitting this information voluntarily to update my enrolment file.

Print Name of Applicant

Date: YYYY-MM-DD

Signature of Applicant (If 19 years of age or older)

Date: YYYY-MM-DD

OFFICE USE ONLY

Date Received:

(YYYY-MM-DD)

Date processed :

(YYYY-MM-DD)

Date Reviewed by Board:

Date of Enrolment:

Enrolment No.

Applying In Person

Please bring Name of Change form and copy of your supporting documents to:

Gwichin Tribal Council
1-3 Council Crescent
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Mail

Mail or Courier Name of Change form and copy of your supporting documents to:

Gwichin Tribal Council
Gwichin Enrolment Board
P.O. BOX 1509
Inuvik, NT
X0E 0T0

Applying By Fax

Fax to 867-777-7919.

Attention to: Enrolment

Fax with Name of Change form and copy of your supporting documents.

Applying By Email

Email to mblake@gwichin.nt.ca . Please note that, you will need to scan your original Name of Change form and your supporting documents in a PDF format.