



# Gwich'inat Eenjit Gàdatr'igwìjlcheii Gidilii

## Gwich'in Tribal Council

### APPLICATION TO CHANGE ADDRESS IN THE GWICH'IN COMPREHENSIVE LAND CLAIM AGREEMENT

I am currently registered under the following name				
Full Name:				
Provide the following information				
Enrolment Number			Date of Birth	
			(MM-DD-YYYY)	
Contact Information (Please provide either a Phone Number or Email Address (preferably both) so that we can contact you)				
Phone Number			Email	
New Home Address				
P.O. Box	Apt./Unit	Street No.	Street Name	
City/Town		Province/State	Country	Postal Code
New Mailing Address <input type="checkbox"/> Tick here if it the same as New Home Address				
P.O. Box	Apt./Unit	Street No.	Street Name	
City/Town		Province/State	Country	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: MM-DD-YYYY
_____	_____
Signature of Applicant (If 19 years of age or older)	Date: MM-DD-YYYY

**FOR OFFICE USE ONLY**

Date received	
Date reviewed by Officer	
Date Processed	

**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  
Attention to: Enrollment  
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 [enrolment@gwichintribal.ca](mailto:enrolment@gwichintribal.ca). Please note that, you will need to scan your original Name of Change form and your supporting documents in a PDF format.