



PARTICIPANT'S GWICH'IN COMMUNITY TRANSFER REQUEST
- STATEMENT OF CONSENT -

I am currently registered under the following name			
Full Name:			
Provide the following information			
Enrolment Number		Date of Birth	
		(MM-DD-YYYY)	
Community Presently Associated with		Community Participant wishes to be Associated with	
<input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic		<input type="checkbox"/> Aklavik <input type="checkbox"/> Fort McPherson <input type="checkbox"/> Inuvik <input type="checkbox"/> Tsiigehtchic	
Contact Information (Please provide either a Phone Number or Email Address (preferably both) so that we can contact you)			
Phone Number		Email	
Home Address			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Province/State	Country	Postal Code
Mailing Address <input type="checkbox"/> Tick here if it the same as Previous Home Address			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Province/State	Country	Postal Code
If you wanted your minor child(ren) to transfer also, please list below:			
Name of Child(ren)	Date of Birth (YYY-MM-DD)	Enrolment Number	

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.

* In case of minor children both parents must sign the request for transfer

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: Enrolment

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. Please note that, you will need to scan your original Name of Change form and your supporting documents in a PDF format.