

# Lac Seul First Nation

NO. 28 (KEJICK BAY)  
GENERAL DELIVERY, LAC SEUL, ONTARIO P0V 2A0  
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P.O. BOX 100, HUDSON, ONTARIO P0V 1X0  
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## FORM 1: BAND MEMBER PER CAPITA PAYMENT APPLICATION

This form is for use by an individual band member applying for a One-Time Per Capita Payment on his or her own behalf.

### PART 1 YOUR INFORMATION

First and Middle Name(s):

Last Name(s):

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

Band Registry Number:

2 / 0 / 5 / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age:

Street Address or PO Box No.:

City/Town:

Province:

Postal Code:

Phone:

Email:

I currently reside:  On Reserve

Off Reserve

Contact me by:  Mail

Email

### PART 2 PROOF OF IDENTIFICATION

Included with this application are the following copies of identification (2 are required):

Certificate of Indian Status

Birth Certificate

Health Card or Driver's Licence

Other, please explain: \_\_\_\_\_

### PART 3 PAYMENT INSTRUCTIONS

Please make payment to:  myself

another on my behalf \_\_\_\_\_

*Please note that payments to anyone other than yourself will be approved on an **exception only** basis. Please provide explanation in the Notes Section below why payment cannot be directed to yourself. Refer to Frequently Asked Questions for further details.*

When Application is processed, then please provide payment by:  Cheque

Direct Deposit

*Please note that applications will be verified and processed in a timely manner. Application review and payments are administered offsite. No same day applications will be processed. If Direct Deposit payment is requested either a void cheque or direct deposit form must be provided with this application.*

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This form is for use by an individual band member applying for a One-Time Per Capita Payment on his or her own behalf.

## PART 4 AUTHORIZATIONS AND DECLARATIONS

I authorize Lac Seul First Nation to verify the information provided on this form.

I have provided the information on this form in order to obtain this payment from the Lac Seul First Nation gifted to me and I hereby declare that I am legally entitled to receive this gift. I certify that by making this gift to me, Lac Seul First Nation has met its obligation to me. I further declare that the answers given by me on this application, to the best of my knowledge and belief, are true and full, and I have withheld no material facts from Lac Seul First Nation. If I have selected to authorize my payment to be directed to another individual instead of myself I understand that this request may not be approved. If approved I release Lac Seul First Nation from any future legal actions that may result from this request.

By signing this form and thus accepting this gift from Lac Seul First Nation, I hereby accept full responsibility of this gift received from the Lac Seul First Nation and release the Lac Seul First Nation from any future legal actions for the gift received by me.

_____ Signature of Applicant	_____ Date
_____ Signature of Witness	_____ Date

### NOTES SECTION: PLEASE USE THE SPACE BELOW TO PROVIDE ANY INFORMATION THAT MAY HELP US PROCESS THIS CLAIM.

### FOR OFFICE USE ONLY – DO NOT COMPLETE SECTION BELOW

Application Received Date:	Application Review Date:
Band Membership Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: _____ Date: _____
Cheque Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque Number: _____
Date Issued: _____	Cheque Issued By: _____
Cheque Mailed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailed By and Date: _____
EFT Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued: _____