

Lac Seul First Nation

NO. 28 (KEJICK BAY)
GENERAL DELIVERY, LAC SEUL, ONTARIO P0V 2A0
TELEPHONE: (807) 582-3211 FAX: (807) 582-3493

SUB OFFICE (FRENCHMAN'S HEAD)
P.O. BOX 100, HUDSON, ONTARIO P0V 1X0
TELEPHONE: (807) 582-3503 FAX: (807) 582-3449

SUB OFFICE (WHITEFISH BAY)
GENERAL DELIVERY, LAC SEUL, ONTARIO P0V 2A0
TELEPHONE: (807) 582-3228 FAX: (807) 582-3839



FORM 2

APPLICATION ON BEHALF OF A MINOR CHILD OR BAND MEMBER WITHOUT LEGAL CAPACITY

This form is for use by a parent, a guardian, or an attorney under a power of attorney with that authority, who is making an application for a one-time per capita payment on behalf of an eligible band member who does not have legal capacity because they are a minor (under the age of 18 years) or are mentally incapable of making their own financial decisions.

PART 1 INFORMATION ABOUT THE MINOR OR PERSON WITHOUT LEGAL CAPACITY

This person is: a minor (under the age of 18) OR mentally disabled or incapable of decision making

First and Middle Name(s):

Last Name(s):

Date of Birth: ____/____/____
Day / Mo / Year

Band Registry Number:
2 / 0 / 5 / ____ / ____ / ____ / ____ / ____ / ____

Age:

This person currently resides: On Reserve Off Reserve

PART 2 INFORMATION ABOUT THE PERSON MAKING THIS APPLICATION

Applicant's Name:

Name of Organization (if applicable):

Street Address or PO Box No.:

City/Town:

Province:

Postal Code:

Phone:

Email:

I currently reside: On Reserve Off Reserve

Please contact me by: Mail Email

PART 3 YOUR RELATIONSHIP TO THE MINOR CHILD OR PERSON WITHOUT LEGAL CAPACITY

I am currently (please select one):

(Please note, a parent may be a natural parent, grandmother, grandfather, aunt, uncle, brother, sister who has care and management of minor child.)

- A parent of the minor child described in Part 1 of this form (please include a copy of your child's status and birth certificate)
- A parent with custody of the minor child described in Part 1 of this form (please include a copy of your child's birth certificate and a copy of the court custody order appointing the parent)
- A parent with custody of the mentally disabled child described in Part 1 of this form (please include a copy of your child's birth certificate and a copy of the court custody order appointing the parent)
- The legal guardian of the person described in Part 1 of this form (please include a copy of the court order appointing the guardian)
- An attorney under a Power of Attorney for the person described in Part 1 of this form (please include a copy of the continuing power of attorney or Trustee documents)

Please ensure that you carefully review the terms of the release contained in Part 6 respecting payment accepted and received on behalf of a person without legal capacity.

PART 4 PROOF OF IDENTIFICATION FOR THE APPLICANT

I have included with this application two of the following types of identification (2 are required):

- Certificate of Indian Status
- Birth Certificate
- Health Card
- Driver's Licence
- Court Order Custody documents or Trustee Documents
- Other, please explain: _____

PART 5 PAYMENT INFORMATION

Payments to minor children will be held in trust until the person is 18 years old.

Payments to a person without legal capacity will be issued to the person in the form of cheque or direct deposit into a Canadian Bank or Credit Union. If payment by cheque is selected it will be mailed to the person's attorney under a valid continuing power of attorney for property.

If being applied for by a person's attorney, I would like the payment to be made by (select one):

- 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 is selected a copy of either a void cheque or direct deposit form must be submitted with this application.

PART 6 AUTHORIZATIONS AND DECLARATIONS

I authorize Lac Seul First Nation to verify the information provided on this form about the eligible band member who is a minor or a person without legal capacity and that my relationship to that person is correct.

Where the person on whose behalf I am applying is a minor (i.e., under the age of 18), I authorize Lac Seul First Nation to retain the payment for that child until they reach the age of 18 years.

Where the person on whose behalf I am applying is NOT a minor, I have provided the information on this form in order to obtain information about the payment Lac Seul First Nation issued to the person without legal capacity (for whom I am an attorney under a continuing power of attorney for property) and I hereby declare that I am legally entitled to manage this payment on behalf of the person without legal capacity. I certify that by making this payment, Lac Seul First Nation has met its obligation to the person without legal capacity. I further declare that the answers given by me are, to the best of my knowledge and belief, true and full, and I have withheld no material facts from Lac Seul First Nation.

By signing this form and thus applying for this payment on behalf of the person without legal capacity, I do hereby accept full responsibility of the payment received from the Lac Seul First Nation and release the Lac Seul First Nation from any future legal actions for the payment received by the person without legal capacity.

<hr style="border: 1px solid black;"/> Signature of Applicant	<hr style="border: 1px solid black;"/> Date
<hr style="border: 1px solid black;"/> Signature of Witness	<hr style="border: 1px solid black;"/> 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:
Direct Deposit Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Deposit Issue Date: