



ATIKAMEKSHENG TRUST

Minor Per Capita Distribution List

Name of Minor: _____

Date of Birth: _____

Band Number: _____

Name of Parent(s): _____

Address: _____

Telephone: _____

SIGNED this _____ (day) of _____(month) , _____ (year) at

(town/city and province/state)

(Signature of Guardian)

(Date)

IMPORTANT: For processing and identification purposes, you must include a copy of ID's with this form (ie. Status Card and/or Confirmation of Band membership.)

Please email: atiktrust@vianet.ca or Fax: 1-705-692-7225