



APPLICANT INFORMATION

Please ensure to complete application in full, incomplete applications might not be considered.

Full Name:
(First, Middle, Last Name)

Beneficiary Name:
(if different from the applicant)

Complete Address:
(Street, City, Province, Postal Code)

Phone Number:

E-Mail:

Band Registration Number:

Date of Birth:

MINOR PER CAPITA DISTRIBUTION ACKNOWLEDGEMENT

All beneficiaries of the Atikameksheng Trust are entitled to a one time per capita distribution, however minor beneficiaries (under the age of 18) may not be in receipt of their Per Capita Distribution until the minimum age of 18.

I acknowledge that the Minor Per Capita Distribution is a registration and directive to the Atikameksheng Trust. This registration / directive is to the Atikameksheng Trust to hold and pay annual compounding interest to the minors per capita distribution of \$2000.00 until they become 18 years of age, where the balance of the principle and accrued interest becomes payable to the beneficiary.

Current Rate of Interest: 3.5% per year.

I consent to the above conditions.

SUPPORTING DOCUMENTS, CHECKLIST, AND AUTHORIZATIONS

Copies of Band Registration IE: Status Card Included. Yes No

Pleasure ensure that supporting documents are included with your grant application.

Copies of a second piece of ID. Yes No

Required Documents include: Band Registration document/s, and a copy of a second piece of id.

Certification and Authorization to confirm personal information: I certify that the above information and attachments are true, correct and complete. I am aware that by submitting this application online deems the application signed. I am aware that the information in this application and attached supporting documents will be used to assess grant eligibility. I give permission to the Atikameksheng Trust to access the information from the following organizations to confirm information provided in my application:

Atikameksheng Anishnawbek. Other: _____

<input type="text"/>	<input type="text"/>
Applicant Signature	Witness Signature
<input type="text"/>	<input type="text"/>
Applicant Date	Witness Date

More Information :

31 Reserve Rd, Suite 1, Naughton, ON P0M2M0

+1 877 221 9588 (Toll Free)

+1 705 692 2235 (Office)

+1 705 692 7225 (Fax)

www.atiktrust.ca

atiktrust@vianet.ca



OFFICE HOURS: 8:30AM - 4:30PM EST MON-FRI