



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:

PER CAPITA DISTRIBUTION ACKNOWLEDGEMENT

I acknowledge that the Per Capita Distribution is a one time payment out of trust income, and that funds are limited to the annual budgeted amount predetermined by the Board of Trustees.

I understand that as a beneficiary I may only be in receipt of one per capita distribution from the Atikameksheng Trust, or Atikameksheng Anishnawbek in the minimum amount of \$2000.00.

I affirm that I have not already received a per capita distribution in the minimum amount of \$2000.00 from either The Atikameksheng Trust, or Atikameksheng Anishnawbek formerly known as Whitefish Lake First Nation.

If records determine you have already been in receipt, your application will be denied.

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 Photo ID. Yes No

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

Applicant Signature

Witness Signature

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