



Beaver Lake Cree Nation

PO Box: 960 Lac La Biche, AB T0A 2C0
 Tele: (780) 623-4549 Fax: (780) 623-4523

Top Gas Band Member Per Capita Payment Application Form

Part 1: General Information

First and Middle Name(s):		
Last Name(s):		
Date of Birth: ____/____/____ Day Month Year		Band Registry Number: 4/6/0/____/____/____/____/____/____/____
Street Address or PO Box No.:		
City/Town	Province:	Postal Code:
Phone:	Email:	

Part 2: Dependent Claim (if applicable)

Yes, I have dependants.

If yes, please complete section below AND the indemnity form in Part 5 of application

No Dependents

	Last Name	First Name	Full Treaty Number
1			
2			
3			
4			
5			
6			

Part 3: Proof of Identification

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

Certificate of Indian Status
 Birth Certificate
 Health Care
 Driver's Licence
 Other, please explain:

Part 4: Release Payment Instructions

When application is process, I will be claiming my payment:
 in Person
 by Mail

If claiming by mail please provide your preferred mailing address if different than above address (include postal code):



Beaver Lake Cree Nation

PO Box: 960 Lac La Biche, AB T0A 2C0
Tele: (780) 623-4549 Fax: (780) 623-4523

Part 4: Authorization and Declaration

I hereby:

1. Certify that I am a registered member of the Beaver Lake Cree Nation and my Beaver Lake Cree Nation along with other information described above is true and correct;
2. request payment of my per capita distribution in the amount of \$_____ (the Distribution Payment)
3. bare sole responsibility for determining the legal, financial and economic impact, if any, associated with having received this Distribution Payment.

Dated this date _____ Day of _____, 20____

Signature of Applicant: _____

Signature of Witness: _____

Part 5: Beaver Lake Cree Nation Guardians Acknowledgement of Responsibility and Indemnity Form

This acknowledgement of responsibility and indemnity is given by:

Name: _____

Address: _____

1. This acknowledgement of responsibility and indemnity to the said minor(s) mentioned in part 2 of dependent claim.
2. Please check off one of the following categories which pertains to you and the above said minor(s)
 - The said Minor(s) mother or father,
 - COPH/Social Development, Associated,
 - Child and Family Services, Associated,
 - Appointed Guardianship by a court order,
 - Other _____ (please specify),

PLEASE ATTACHED UPDATED DOCUMENTATION
3. I have power and responsibility to make day-day decisions affection the said minor(s)
4. I will use or expend the monies only for the minor(s) benefit.

Guardians Signature: _____ Date: _____

FOR OFFICE USE ONLY – DO NOT COMPLETE SECTION BELOW

Application Received Date:

Band Member Verified: Yes No Eligible for Payment: Yes No



Beaver Lake Cree Nation

PO Box: 960 Lac La Biche, AB T0A 2C0

Tele: (780) 623-4549 Fax: (780) 623-4523

Cheque Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque Number:
Cheque Mailed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail Date: