

The Okikendawt Hydro and Dokis Community Trust (the "TRUST")

940-A Main Street
Dokis First Nation, ON P0M 2N1
705-763-2200, Fax 705-763-2087

FORM 1: DOKIS FIRST NATION INDIAN LAND MANAGEMENT FUND CLAIM (the "CLAIM") BAND MEMBER PER CAPITA PAYMENT APPLICATION

This form is for use by an individual band member applying for the Dokis FN Indian Land Management Fund Claim on his or her own behalf.

PART 1 YOUR INFORMATION

First and Middle Name(s):

Last Name(s):

Date of Birth:

____/____/____
Day / Month / Year

Band Registry Number:

2 / 1 / 8 / 0 / ____ / ____ / ____ / ____ / ____ / ____

Age: **Must be 21 and over.**

Street Address or PO Box No.:

City/Town:

Province:

Postal Code:

Phone:

Email:

I currently reside: On Reserve Off Reserve

Contact me by: Mail

Email _____

PART 2 PROOF OF IDENTIFICATION

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

Certificate of Indian Status

Birth Certificate

Health Card or Driver's License

Other, please explain:

PART 3 PAYMENT INSTRUCTIONS

Please make payment to: myself

another on my behalf

Please provide explanation in the Notes Section below why payment cannot be directed to yourself. Refer to the attached Information Sheet for further details.

When Application is processed, then please provide payment by: 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 payment is requested, please provide a void cheque or if you don't have a cheque, please contact your financial institution to request a blank cheque.

NOTE: Funds for direct deposit can only be in Canadian currency. If you live outside of Canada, we can provide a corporate draft which will be subject to the applicable exchange rate.

The Trust agrees to keep all personal information of applicant strictly confidential and shall only use such information for the purposes contemplated in this Application.

PART 4 AUTHORIZATIONS AND DECLARATIONS

I authorize the Trust to verify the information provided on this form.

I have provided the information on this form in order to obtain this Per Capita Distribution payment (PCD) from the Trust gifted to me and I hereby declare that I am legally entitled to receive this gift. I certify that by making this gift to me, the Trust has met its obligation to me. I further declare that the answers given by me on this application, to the best of my knowledge and belief, are true and full, and I have withheld no material facts from the Trust. If I have selected to authorize my payment to be directed to another individual instead of myself, I understand that this request may not be approved. If approved I release the Trust from any future legal actions that may result from this request.

I further declare that in consideration of the receipt of the PCD that I do hereby, by these presents remise, release, quit claim and forever discharge the Dokis First Nation and the Trustees, their heirs, executors, administrators, estate trustees and assigns of and from any claims in respect of the PCD.

_____ Signature of Applicant	_____ Date
_____ Signature of Witness	_____ 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:
Live Estate Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No (Incapacitated Person/Guardianship)	Documents provided: <input type="checkbox"/> Power of Attorney		
Deceased Estate Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documents provided: <input type="checkbox"/> Death Certificate <input type="checkbox"/> Appoint of Administrator/Executor or a similar type Provincial Court Document.		
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:		
EFT Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued:		
Corporate Draft: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date issued:		
Exchange rate used:			