



Nunatsiavut Government
Inuit Pathways Funding Program
P.O. Box 116, Makkovik, NL, A0P 1J0
Telephone #: 709-923-2105 **Fax #:** 709-923-2347
Toll Free #: 1-877-923-2171
E-Mail: tom.evans@nunatsiavut.com or
Roberta.baikie-andersen@nunatsiavut.com

Self Employment Benefit Application

Name: _____ Address: _____
Email: _____
Social Insurance Number (SIN): _____
Beneficiary Number: _____ Date of Birth (M/D/Y): ____/____/____
Gender: Male____ Female____ Marital Status: Single____ Married____
Common-Law____ Other____
Telephone # : _____ Message # : _____

Are you currently EI eligible? YES____ NO____ Have you applied for EI? YES____ NO____
Are you currently receiving EI benefits? YES____ NO____ Start Date:____/____/____ End Date:____/____/____
Have you received EI benefits in the last three years? YES____ NO____
Social Assistance Recipient? YES____ NO____ Other: YES____ NO____

IN ORDER TO BE ELIGIBLE FOR ASSISTANCE UNDER THIS PROGRAM, I UNDERSTAND, I MUST APPLY FOR ASSISTANCE BEFORE BUSINESS START-UP, AND WILL OPERATE THIS BUSINESS FULL TIME.

Signature: _____ Date: _____

Summary of Business Concept
