

REGULATION TO AMEND THE BENEFICIARIES ENROLMENT FORMS REGULATIONS

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The First Minister of the Nunatsiavut Government is pleased to enact the following regulations with the consent of the Nunatsiavut Executive Council:

Short Title

1. These regulations may be cited as the *Beneficiaries Enrolment Forms Amendment Regulations (2011)*.

Authority

2. These regulations are made under clauses (a), (c), (d) and (g) of section 44 of the *Beneficiaries Enrolment Act*, IL 2005-13, as amended by IL 2009-04.

Interpretation

3. Terms used in these regulations have the same meaning as in the *Beneficiaries Enrolment Act*.

Amended Application Form

4.

Schedule A to the *Beneficiaries Enrolment Forms Regulations* is deleted and replaced with the Schedule A attached hereto as Annex 1.

Notice of Appeal

5.

An Applicant who wishes to appeal from a final decision of a Committee must complete and sign the form of Notice of Appeal set out in Schedule C and file the form with the Registrar.

Access to Information

6.

Where an Applicant wishes to obtain access to information contained in or related to an application made by a third party that is held in the office of the Registrar for purposes of making his or her own application for enrolment, the Applicant must make a request for access to the information and supply the consent of the third party by:

- (a) completing Part I of the form of Request for Access and Consent to Release of Information set out in Schedule D;
- (b) obtaining the consent of the third party to the release of the information by having the third party complete Part II of the form of Request for Access and Consent to Release of Information set out in Schedule D; and
- (c) filing the form with the Registrar.

Form of Notice of Appeal

7.

The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new Schedule C in the form attached hereto as Annex 2.

Form of Request for Access and Consent to Release of Information

8.

The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new Schedule D in the form attached hereto as Annex 3.

Annex 1 to the Beneficiaries Enrolment Forms Amendment Regulations (2011)



FOR OFFICE USE ONLY

Serial Number: _____

Date: _____

Application to be Enrolled as a Beneficiary of The Labrador Inuit Land Claims Agreement

Instructions for Completing the Application

- ✓ Print clearly.
- ✓ Provide all information requested. If a part, or section, is not applicable, say so. If you do not know the answer to a question, say "I don't know". If you cannot answer, say so.
- ✓ If you need more space, provide the information on a separate sheet and staple it to the application form.
- ✓ All applicants must complete Parts 1, 2 and 7.
- ✓ Applicants who consider themselves "*Inuit*" or who claim at least 25% *Inuit* ancestry must complete Part 3.
- ✓ Applicants who consider themselves "*Kablunangajuit*" must complete Part 4.
- ✓ Applicants who do not live in the Labrador Inuit Settlement Area and who have less than 25% *Inuit* ancestry must complete Part 5.
- ✓ People who are willing to act as Sponsors in support of your application must complete the applicable section or sections of Part 6.
- ✓ Completed application forms must be submitted to:
Registrar of Beneficiaries
Nunatsiavut Government
P.O. Box 70
Nain
Labrador, NL
AOP 1L0

Notes:

Terms used in this form that are in ***bold italics*** are defined in Sections 1.1.1 & 3.1.1 of the Labrador Inuit Land Claims Agreement. If you require further assistance understanding the application process or completing the Application Form contact:

Registrar of Beneficiaries
Nunatsiavut Government
P.O. Box 70
Nain, Labrador, NL
AOP 1L0

Telephone: 709.922.2942

IF YOU CHANGE YOUR ADDRESS FROM THE ADDRESS GIVEN AT SECTION 1.16, YOU MUST INFORM THE REGISTRAR IMMEDIATELY AT THE ABOVE ADDRESS.

PART 1: PERSONAL BACKGROUND (To be completed by all Applicants.)

1.1 Last Name: _____ Maiden Name: _____

1.2 Given Names: _____

1.3 Nickname(s): _____

1.4 Gender: Male Female

1.5 Are you a Canadian citizen? Yes No

1.6 If you are not a Canadian citizen, are you a permanent resident of Canada? Yes No
If "Yes", provide documentary proof.

1.7 Birth Date: _____ Birth Place: _____

1.8 Did your Mother have to leave the Labrador Inuit Land Claims Settlement Area for your birth?
 Yes No

Please indicate if either of your parents were **Permanent Residents** of the **Labrador Inuit Land Claims Area** at the time of your birth.

Mother Father Neither

1.9 Proof of birth. Please provide a copy of one of the following documents.

Birth certificate Affidavit or solemn declaration of your birth made by a close relative
 Baptism certificate

1.10 Are you directly descended from a person who is registered on the **Register of Beneficiaries** or who was registered on the **Register of Beneficiaries** while alive?
 Yes No



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If you were born after December 1, 2005, list the names of individuals from whom you are directly descended who are **Beneficiaries** of the Labrador Inuit Land Claims Agreement (or who were **Beneficiaries** while alive).

If you were born after December 1, 2005 and you are **not** directly descended from an individual who is, or was enrolled, on the Register of Beneficiaries of the Labrador Inuit Land Claims Agreement, list the names of all individuals from whom you are directly descended who were alive and eligible to be enrolled on the Register of Beneficiaries on December 1, 2005, but who were not enrolled.

1.11 Are you currently a **Beneficiary** who was enrolled as a minor? Yes No

If "Yes", please give your Beneficiary number: _____

1.12 Do you consider yourself to be an **Inuk** or **Kablunângajuk**? **Inuk** **Kablunângajuk**

1.13 Are you a beneficiary of another Canadian aboriginal land claims agreement? Yes No

If "Yes", which agreement? _____

1.14 Place of **Permanent Residence**.

Street and Number

P.O. Box

Community/Town

Province/Country

Postal Code

1.15 How long have you lived there?

_____ Years

_____ Months



1.16 Present Mailing Address:

Street and Number	P.O. Box	Community/Town
Province/Country	Postal Code	

1.17 Phone Number _____ Fax Number _____

1.18 Email Address _____

1.19 Designate which Membership Committee you want to consider your Application by checking **ONE** of the following:

- I am most closely connected to, Nain or the area north of Nain and request review by the Nain Membership Committee.
- I am most closely connected to, Hopedale and request review by the Hopedale Membership Committee.
- I am most closely connected to, Postville or Makkovik and request review by the Makkovik and Postville Membership Committee.
- I am most closely connected to, Rigolet or the Lake Melville area of the **Labrador Inuit Land Claims Area** and request review by the Rigolet and Lake Melville Membership Committee.

1.20 Have you or a parent or guardian acting on your behalf ever before made an application for enrolment to the Nunatsiavut Government, the Ratification Committee or the Labrador Inuit Association?

Yes No

If "Yes", please give details:

Who made the application? _____

Who did you apply to? _____

When? _____

What was the result? _____

Did you apply under a different name? Yes No

If "Yes", what name? _____

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PART 2: ANCESTRY (To be completed by all Applicants.)

2.1 Please check ONLY those that apply and complete the 2 tables that follow.

- I am an *Inuk*
- I have at least 25% *Inuit* ancestry
- I am a *Kablunângajuk*
- I was born before December 1, 1990 and have no Inuit ancestry

Please complete your family tree on the following pages.

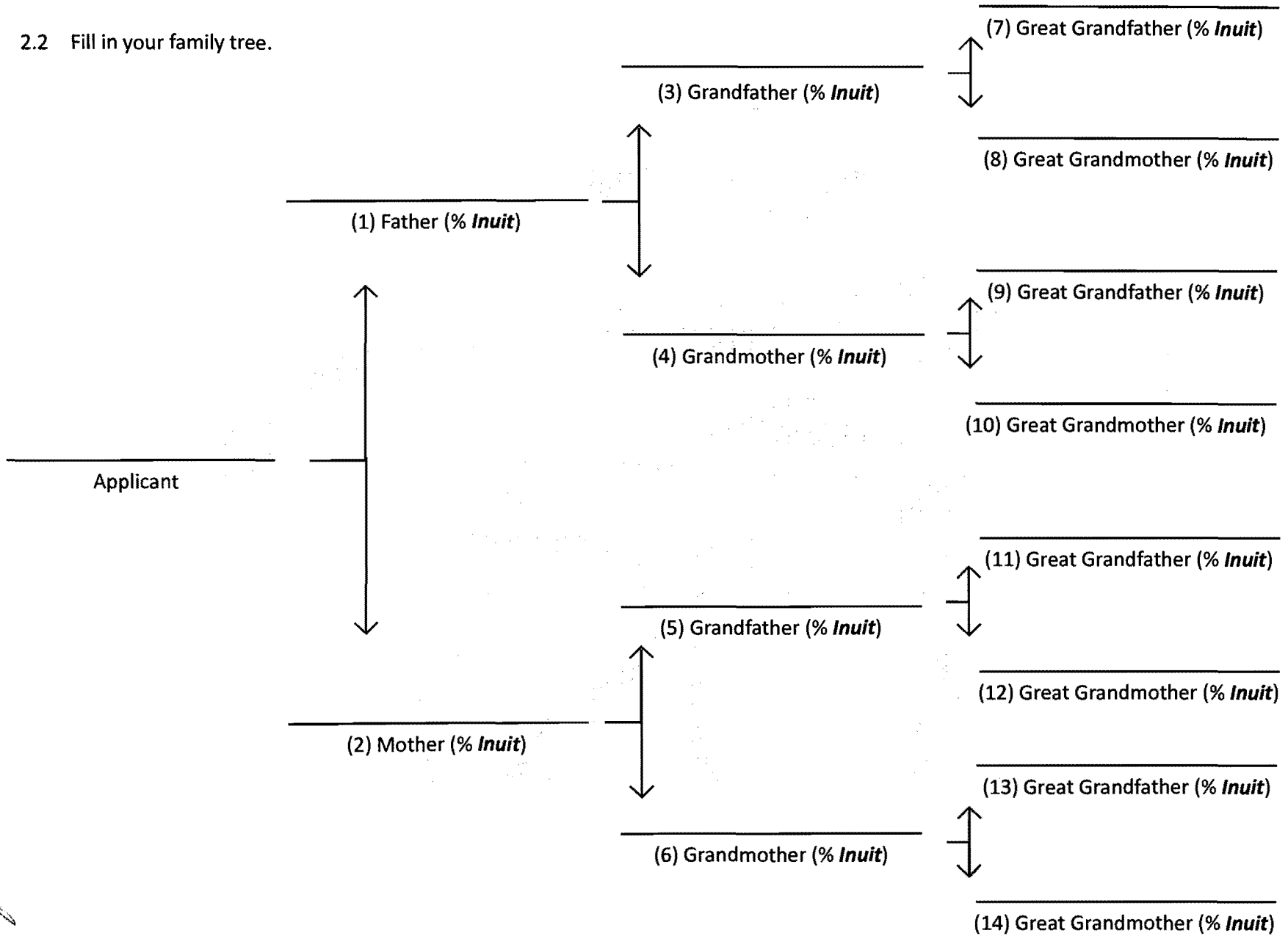
Fill in as much as you can.

You must supply all necessary information.

If there is not enough room or you need more space, please write the information on a separate sheet and attach it.

Application to be Enrolled as a Beneficiary of The Labrador Inuit Land Claims Agreement

2.2 Fill in your family tree.



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Application to be Enrolled as a Beneficiary of The Labrador Inuit Land Claims Agreement

2.3 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. Note that (i) no person may have more than 100% **Inuit** ancestry and (ii) the numbers in the left column correspond to the numbers in the previous table.

# Ancestor	Given and Family Names	Date of Birth	Place of Birth	Years Resident in Claims Area	Place of Permanent Residence	Date of Death	Permanent Residence at Time of Death	Percentage Inuit Ancestry
1 Father								
2 Mother								
3 Father's Father								
4 Father's Mother								
5 Mother's Father								
6 Mother's Mother								
7 Father of #3								
8 Mother of #3								
9 Father of #4								
10 Mother of #4								
11 Father of #5								
12 Mother of #5								
13 Father of #6								
14 Mother of #6								

PART 3: INUIT

3.1 Why do you consider yourself to be an *Inuk*?

3.2 Which of your ancestors had 100% *Inuit* ancestry?

3.3 Do you consider you have 25% or more *Inuit* ancestry?

Yes

No

3.4 IF YOU ANSWERED "NO" in 3.3, give names, addresses and phone numbers of at least 2 *Inuit* who will swear or solemnly affirm that you are an *Inuk* pursuant to *Inuit* customs and traditions. THESE SPONSORS MUST COMPLETE PART 6A.

Name	Address	Phone



PART 4: KABLUNÂNGAJUIT

4.1 Why do you consider yourself to be *Kablunângajuk*?

4.2 Give names, addresses and phone numbers of at least two (2) *Inuit* who will swear or solemnly affirm that you are *Kablunângajuk* according to *Inuit* customs and traditions. THESE SPONSORS MUST COMPLETE PART 6B.

Name	Address	Phone
Name	Address	Phone

4.3 Which of your ancestors listed in 2.2 has *Inuit* ancestry? Give their names and explain their *Inuit* ancestry.

4.4 Other than people listed in 2.2, do you have any other *Inuit* ancestors? Give their names, explain their *Inuit* ancestry, and explain your relationship to them.

4.5 If you have no **Inuit** ancestry, were any of your ancestors permanently resident in the **Labrador Inuit Land Claims Area** before 1940? Provide details in this table.

Name	Year Arrived in Claims Area	Place of Permanent Residence in Claims Area	Number of Years Lived in Claims Area

PART 5: CONNECTIONS TO THE LABRADOR INUIT LAND CLAIMS AREA (To be completed by Applicants who are not Permanent Residents of the Labrador Inuit Settlement Area and have less than 25% Inuit ancestry.)

5.1 A) If your permanent residence (given in 1.10) is not in the **Labrador Inuit Settlement Area** and you have less than 25% **Inuit** ancestry

Explain your connection to the **Labrador Inuit Settlement Area** or a **Region**.



5.1 B) Give the names, addresses and phone numbers of two (2) people residing in the **Labrador Inuit Land Claims Area** to whom you are related and explain your relationship.

Name	Address
------	---------

Relationship	Phone
--------------	-------

Name	Address
------	---------

Relationship	Phone
--------------	-------

C) Give the names, addresses and phone numbers of two (2) **Inuit** or **Kablunângajuit** residing in the **Labrador Inuit Land Claims Area** who are not related to you, but who know you and your connection to the **Labrador Inuit Land Claims Area**. THESE SPONSORS MUST COMPLETE PART 6C.

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

5.2 Were you born in the **Labrador Inuit Land Claims Area**? Yes No

If you were not born in the **Labrador Inuit Land Claims Area**:

A) Were either of your parents **Permanent Residents** of the **Labrador Inuit Land Claims Area** at the time of your birth? Yes No

B) Did your mother have to leave the **Labrador Inuit Land Claims Area** for your birth? Yes No

C) Were either of your parents born in the **Labrador Inuit Land Claims Area**? If yes, give their names, dates and places of birth. Yes No

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5.2 D) Were any of your grandparents born in the **Labrador Inuit Land Claims Area**? If yes, give their names, dates and places of birth, place of Permanent Residence and, if applicable their place of death.

Yes

No

E) If a grandparent listed in (D) died outside the **Labrador Inuit Land Claims Area**, did they move out of the Labrador Inuit Land Claims Area to receive nursing or other services in a home or facility for care of the elderly or in a health care facility? If yes, give the names and addresses of the home or facility.

Yes

No

F) Give the names and dates of birth of full siblings who are **Beneficiaries**.

PART 6: DECLARATION OF SPONSORS

6A TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE **INUIT** PURSUANT TO **INUIT** CUSTOMS AND TRADITIONS BY TWO (2) SPONSORS WHO ARE **INUIT**.

We the undersigned declare that the applicant, _____
 is an **Inuk** pursuant to **Inuit** customs and traditions for the following reasons

Name	Address	Signature	Phone Number	Date

6B TO BE COMPLETED BY TWO (2) SPONSORS WHO ARE **INUIT** ON BEHALF OF AN APPLICANT WHO CLAIMS TO BE A **KABLUNÂNGAJUK** PURSUANT TO **INUIT** CUSTOMS AND TRADITIONS.

We the undersigned declare that the applicant, _____
 is a **Kablunângajuk** pursuant to **Inuit** customs and traditions for the following reasons

Name	Address	Signature	Phone Number	Date

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6C TO BE COMPLETED BY SPONSORS WHO RESIDE IN THE **LABRADOR INUIT LAND CLAIMS AREA** ON BEHALF OF AN APPLICANT WHO DOES NOT LIVE IN THE **LABRADOR INUIT SETTLEMENT AREA** BUT WHO CLAIMS TO BE CONNECTED TO THE **LABRADOR INUIT LAND CLAIMS AREA**.

We the undersigned declare that we know the applicant, _____ and the applicant is connected to the **Labrador Inuit Land Claims Area** for the following reasons

Name	Address	Signature	Phone Number	Date



PART 7: DECLARATION OF APPLICANT (To be completed by all Applicants.)

The information in this Application is true and correct to the best of my knowledge. I understand that the decision about whether I am eligible to be enrolled as a beneficiary of the Labrador Inuit Land Claims Agreement depends on the accuracy of the information that I have provided and, if requested by the **Registrar** or the **Membership Committee**, I will give further information in support of my applications. I make this application knowing that if any of the information is false or misleading, it is an offence.

I hereby apply to be enrolled as a **Beneficiary** of the Labrador Inuit Land Claims Agreement.

Signature of Applicant

Date

If this Application has been completed on behalf of a child or other person under a legal disability please provide the name, address and phone number of the person who has completed this form and the capacity in which they acting on behalf of the Applicant.

Name

Capacity

Phone

Address



Annex 2 to the Beneficiaries Enrolment Forms Amendment Regulations (2011)

Schedule C

NOTICE OF APPEAL

This Notice of Appeal **must** be received by the Registrar of Beneficiaries of the Nunatsiavut Government within 30 clear days of the date on which the Appellant received the final decision of the Regional Membership Committee to reject the Appellant's Application

Application Serial Number: _____

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
AOP 1L0

I, _____, born the _____ day of _____

Print Name in Full

Day

_____, whose address is _____

Month

Year

Print Street No.

Street Name, Apt. No., P.O. Box Number

Community, Province, Postal Code & Country

Phone Number

Email Address

HEREBY APPEAL the decision of the _____

Name

Regional Membership Committee dated the _____ day of _____, 2 _____,

rejecting my Application to be enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement.

I would like to receive notice of the date when my Appeal will be considered by the Appeal Board.

Yes

No

I intend to Appear in person at the hearing of my Appeal.

Yes

No

Schedule C

NOTICE OF APPEAL

I plan to present the following evidence to the Appeal Board that was not previously presented to the Membership Committee: [Describe and attach any additional information that you wish to have considered for purposes of the appeal]

I will be represented on the Appeal by: [If you will be represented by a lawyer provide his or her full name, address, and contact details]

I understand that I am solely responsible for my own costs.

DATED the _____ day of _____, 2_____,
Day Month

SIGNED by: _____
Signature Print Name

For Registrar's Use

Reviewed / Approved	Confirmation Letter	Notice and File to Inuit Membership Appeal Board	Other
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Annex 3 to the Beneficiaries Enrolment Forms Amendment Regulations (2011)

Schedule D

REQUEST FOR ACCESS AND CONSENT TO RELEASE OF INFORMATION

This Form has two Parts. Both Parts must be completed.

Application Serial Number: _____

PART 1

**APPLICANT'S REQUEST FOR ACCESS TO INFORMATION ABOUT A THIRD PARTY
CONTAINED IN THE REGISTER**

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
A0P 1L0

I, _____
Print Name in Full

of _____
Print Address in Full and Phone Number

hereby request access to following information held in the Registry:

Full details of the third party whose information I wish to access:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

My relation to the third party is: _____

Full details of the information I am requesting are:

I am requesting the information described above for purpose of completing my own Application for enrolment and I will not use the information for any other purpose. I have received consent to obtain access to the information as appears from Part II of this form below.

DATED the _____ day of _____, 2____

Day

Month

SIGNED by: _____

Signature



**PART II
CONSENT TO RELEASE OF INFORMATION BY THE REGISTRAR**

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
A0P 1L0

I, _____
Print Name in Full

of _____
Print Address in Full and Phone Number

am the individual to whom the information/record requested in Part I above applies. I declare that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that my consent to release of the requested information will affect my privacy and the privacy of my family.

I want the information released for the following reason(s): _____

I authorize you to release the following information about me to:

Check	Description of Information to be Released
<input type="checkbox"/>	My entire Application for enrolment as a Beneficiary of the Labrador Inuit Land Claims Agreement
<input type="checkbox"/>	My Ancestry as designated in section 1.2 of My Application
<input type="checkbox"/>	My Family tree in section 2.2 of My Application
<input type="checkbox"/>	Details of my ancestors in section 2.3 of My Application
<input type="checkbox"/>	Other information as follows: [DESCRIBE IN DETAIL THE INFORMATION TO BE RELEASED]
<input type="checkbox"/>	Other information as follows: [DESCRIBE IN DETAIL THE INFORMATION TO BE RELEASED]

DATED the _____ day of _____, 2____ **SIGNED** by: _____
Day Month Signature

For Registrar's Use

Reviewed / Approved	Information Released to Applicant	Comments	Other

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