

**CSL Day-Month-2015 B**

**REGULATION RESPECTING FORMS TO BE USED UNDER THE BENEFICIARIES  
ENROLMENT ACT**

**Original Enactment NGSL 2009-02**

**Amended NGSL 2011-03**

**Amended NGSL 2012-09**

**Amended NGSL 2013-04**

**Amended NGSL 2014-08**

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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 Regulations*.

**Authority**

**2.**

These regulations are made under clauses (a), (d) and (g) of section 44 of the *Beneficiaries Enrolment Act*. (NGSL 2013-04)

**Interpretation**

**3.**

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



## **Application Form**

4.

For purposes of the *Beneficiaries Enrolment Act* the Application Form is set out in Schedule A.

## **Notice of Renunciation**

5.

An individual who wishes to renounce his or her status as a Beneficiary and as an Inuk for purposes of Inuit Law pursuant to subsection 28(1) of the *Beneficiaries Enrolment Act* must complete and sign the form of notice set out in Schedule B in the presence of a notary public, commissioner of oaths or other official authorized to administer an oath or solemn declaration.

## **Notice of Appeal**

6.

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 of Beneficiaries. (NGSL 2011-03)

## **Request for Access to Information and Consent to Release of Information**

7.

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 Registry 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 of Beneficiaries. (NGSL2011-03)

## **Eligibility Review Request by a Beneficiary**

8.

A beneficiary who wishes to request an eligibility review pursuant to subsection 29(10) of the *Beneficiaries Enrolment Act* must complete and sign the Beneficiary's Eligibility Review Request Form set out in Schedule E and file the form in the Registry. (NGSL 2013-04)

## **Eligibility Review Request by the Registrar**

9.

Where the Registrar wishes to initiate an eligibility review pursuant to subsection 29(10) of the *Beneficiaries Enrolment Act* the Registrar must complete and sign the Registrar's Eligibility Review Form set out in Schedule F, file the form in the Registry and forward a copy to the appropriate membership Committee. (NGSL 2013-04)

**SCHEDULE A**  
**APPLICATION TO BE ENROLLED AS A BENEFICIARY**  
**OF THE**  
**LABRADOR INUIT LAND CLAIMS AGREEMENT**  
**(NGSL 2011-03)**  
**(NGSL 2012-09)**  
**(NGSL 2013-04)**  
**(NGSL 2014-08)**

**Instructions for Completing the Application**

- ✓ IN THESE INSTRUCTIONS AND THE FORM “AGREEMENT” REFERS TO THE **LABRADOR INUIT LAND CLAIMS AGREEMENT**.
- ✓ TERMS THAT ARE IN BOLD ITALICS ARE DEFINED IN THE AGREEMENT.
- ✓ 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**” AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 3 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6A.
- ✓ APPLICANTS WHO CONSIDER THEMSELVES “**KABLUNANGAJUIT**” AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 4 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6B.
- ✓ APPLICANTS APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT WHO ARE NOT PERMANENT RESIDENTS OF THE **LABRADOR INUIT SETTLEMENT AREA** MUST ALSO COMPLETE PART 5 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6C.
- ✓ APPLICANTS WHO CLAIM TO HAVE AT LEAST 25% INUIT ANCESTRY AND ARE APPLYING UNDER SECTION 3.3.3 OF THE AGREEMENT MUST COMPLETE PARTS 1, 2, AND 7.
- ✓ COMPLETED APPLICATION FORMS MUST BE SUBMITTED TO:  
**Registrar of Beneficiaries**  
**Nunatsiavut Government**  
**P.O. Box 70**  
**Nain, Labrador, NL**  
**A0P 1L0**

709.922.2942 / [don\\_dicker@nunatsiavut.com](mailto:don_dicker@nunatsiavut.com)  
Toll free number 1.866.922.2942

Applicants are asked to note that Happy Valley – Goose Bay, Northwest River and Mud Lake are not in the *Labrador Inuit Lands Claims Area* or the *Labrador Inuit Settlement Area*.

If you need help completing the Application Form or understanding the application process contact the Registrar of Beneficiaries at the address and phone number given above.

If you change your address from the address in section 1.16 of the Application Form you must immediately inform the Registrar at the above address.

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

**PART 1: PERSONAL AND GENERAL** (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
  - Baptism certificate
  - Affidavit or affirmation of your birth made by a relative
- 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

If **YES**, list the names of the individuals from whom you are directly descended who are registered on the **Register of Beneficiaries** or who were registered on it while they were alive.

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If **NO**, list the names of individuals from whom you are directly descended who were alive on December 1, 2005 and who were eligible to be enrolled on the **Register of Beneficiaries** on that date.

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

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 a **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 Regional Membership Committee you want to consider your Application by checking **ONE** of the following:

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

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

- 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? \_\_\_\_\_ .

- 1.21 Are you a Beneficiary who was enrolled as a minor who has turned 19 and is reapplying under section 3.11.4 of the Agreement?  Yes  No

- 1.22 Please indicate the eligibility *Criteria* under which you are applying:

- I am an **Inuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- I am a **Kablunângajuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- I am an individual who has at least 25% **Inuit** ancestry applying under section 3.3.3 of the Agreement.
- I am an **Inuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.
- I am a **Kablunângajuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.

**Part 2: ANCESTRY** (To be completed by all Applicants)

**Please complete your family tree on the following pages. For all women in your family tree you must give their original family (maiden) names. 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

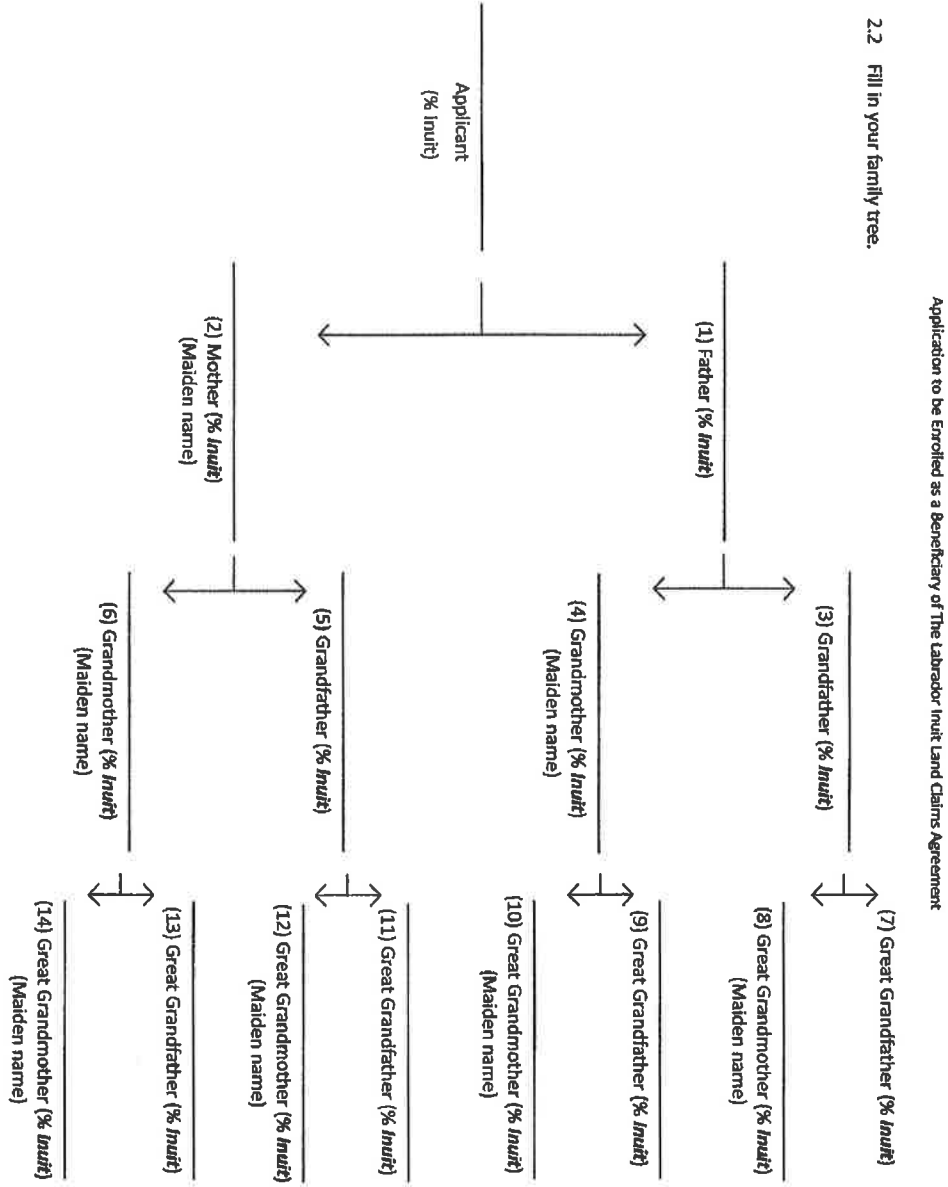
2.1 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. For all women in your family tree you must give their original (maiden) names. Note that (i) no person may have more than 100% **Inuit** ancestry and (ii) the numbers in the left column correspond to the numbers in the following table.

	Ancestor	Given and Family Names	Date of birth	Place of birth	Years Resident in Claims Area	Place of <b>Permanent Residence</b>	Date of death	<b>Permanent Residence</b> at time of death	Percentage <b>Inuit</b> 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								



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

2.2 Fill in your family tree.



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

2.3 For each person listed in the table under section 2.1 who has *Inuit* ancestry and who was not a *Permanent Resident* of the *Labrador Inuit Land Claims Area*, give as much information as you can about his or her use and occupancy of the *Labrador Inuit Land Claims Area*. Please also explain his or her membership in an *Inuit* family or group of *Inuit* that also used and occupied the same area or areas and that continues to do so.

(Note: This question does not have to be answered by Applicants who were born in the *Labrador Inuit Land Claims Area* and whose place of *Permanent Residence* in the *Labrador Inuit Settlement Area*.)

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**PART 3: INUIT.**

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

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3.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, address and phone numbers of at least 2 *Inuit* in or from the *Region* you are most closely connected to who are willing to act as witnesses by giving evidence that you are an *Inuk* pursuant to *Inuit* customs and traditions. THE WITNESSES MUST COMPLETE PART 6A.

Name	Address	Phone
Name	Address	Phone

**PART 4: KABLUNÂNGAJUIT.**

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

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

4.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, address and phone numbers of at least 2 **Inuit** in or from the **Region** you are most closely connected to who are willing to act as witnesses by giving evidence that you are a **Kablunângajuk** pursuant to **Inuit** customs and traditions. THE WITNESSES MUST COMPLETE PART 6B.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

4.3 Are you a **Kablunângajuk** who has no **Inuit** ancestry who has lived permanently in the **Labrador Inuit Settlement Area** since before 1940? Are you a **Kablunângajuk** who has no **Inuit** ancestry who settled permanently in the **Labrador Inuit Land Claims Area** before 1940? If so, provide details about yourself and your relevant ancestors 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** who are applying under section 3.3.2 or 3.3.4 of the Agreement.)

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 how you are connected to the **Labrador Inuit Land Claims Area** or a **Region** of the **Labrador Inuit Land Claims Area**. See section 3.1.2(d).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

C) Give the names, addresses and phone numbers of at least two (2) *Inuit* or *Kablunângajuit* (a) who are not related to you, (b) who reside in the *Labrador Inuit Land Claims Area* in the *Region* you are most closely connected to and (c) who know you and the ways in which you are connected to the *Labrador Inuit Land Claims Area* and (d) who are willing to act as witnesses by giving evidence that you are connected to the *Labrador Inuit Land Claims Area*. THE WITNESSES MUST COMPLETE PART 6C

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

5.2 (A) 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) If a grandparent listed in 5.2(A) 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  Yes  No. If yes, give the names and addresses of the home or facility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.3 If you were not born in the *Labrador Inuit Land Claims Area* but one or more of your full siblings were, give the names and dates and places of birth of full siblings who are Beneficiaries and who are “connected to” the *Labrador Inuit Settlement Area* or a *Region* of the *Labrador Inuit Land Claims Area* under section 3.1.2 of the Agreement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 6: DECLARATION OF WITNESSES.**

6A) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE *INUIT* PURSUANT TO *INUIT* CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE *INUIT* AND WHO LIVE IN OR ARE FROM THE REGION OF THE *LABRADOR INUIT CLAIMS AREA* THAT THE APPLICANT IS CONNECTED TO.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am willing to be contacted and to answer questions about my evidence.

Name	Address	Signature	Phone Number	Date

- 6B) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE A **KABLUNÂNGAJUK** PURSUANT TO **INUIT** CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE **INUIT** AND WHO LIVE IN OR ARE FROM THE **REGION OF THE LABRADOR INUIT LAND CLAIMS AREA** THAT THE APPLICANT IS CONNECTED TO.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am willing to be contacted and to answer questions about my evidence.

Name	Address	Signature	Phone Number	Date

- 6C) TO BE COMPLETED BY TWO (2) WITNESSES WHO ARE **INUIT** OR **KABLUNÂNGAJUK** WHO LIVE IN **LABRADOR INUIT CLAIMS AREA**, WHO ARE NOT RELATED TO THE APPLICANT AND WHO CAN GIVE EVIDENCE OF THE WAYS IN WHICH THE APPLICANT IS CONNECTED TO THE **LABRADOR INUIT 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I am willing to be contacted and to answer questions about my evidence.

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 Application. 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

Or Applicant's Parent or Guardian

If this Application is made by the parent or guardian of a child or other person under a legal disability please sign and date the Declaration above and provide your name, address and phone number and state the capacity in which you are acting on behalf of the Applicant. If you are the applicant's legal guardian please supply a copy of your appointment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**SCHEDULE B**

**NOTICE OF RENUNCIATION OF STATUS AS A BENEFICIARY OF THE LABRADOR  
INUIT LAND CLAIMS AGREEMENT**

(To be signed before a Notary Public, Commissioner of Oaths or other official authorized to take Oaths)

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

**TAKE NOTICE that I,** \_\_\_\_\_,  
[PRINT NAME IN FULL]

born the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_  
[DAY] [MONTH] [YEAR] [PRINT STREET NO.]

\_\_\_\_\_,  
[STREET NAME, APT. NO., P.O. BOX NUMBER, COMMUNITY, PROVINCE, TERRITORY & COUNTRY]

whose enrolment number is \_\_\_\_\_, hereby choose not to be  
[PRINT NUMBER OF BENEFICIARY ID CARD]

enrolled on the Register of Beneficiaries of the Labrador Inuit Land Claims Agreement and  
renounce my status as a Beneficiary of the Labrador Inuit Land Claims Agreement and as an Inuk  
for purposes of Inuit Law.

I have made this decision of my own free will without duress or the influence of any person, and I  
understand that I will no longer be entitled to exercise or enjoy the rights, benefits and privileges  
of a Beneficiary under the Labrador Inuit Land Claims Agreement, that I will not be entitled to  
any of the rights, programs and services provided under Inuit law, and that I will have to reapply  
to be enrolled as a beneficiary if I wish to recover my status as a Beneficiary.

I hereby surrender all cards issued to me by the Nunatsiavut Government that identify me as a  
Beneficiary.

**DATED** the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
[DAY] [MONTH] [YEAR]

**SIGNED** by: \_\_\_\_\_  
[SIGNATURE] [PRINT NAME]

**IN THE PRESENCE OF:** \_\_\_\_\_  
[SIGNATURE, NAME, ADDRESS, PHONE NO. OF OFFICIAL AUTHORIZED TO TAKE OATHS]

*For Registrar's Use*

Reviewed	Confirmation Letter	Date Removed	Index No.	Notices to Canada, NL, NG & Committee

**SCHEDULE C**  
(NGSL 2011-03)

**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  
A0P 1L0

I, \_\_\_\_\_,  
[PRINT NAME IN FULL]  
born the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_  
[DAY] [MONTH] [YEAR] [PRINT STREET NO.]

\_\_\_\_\_  
STREET NAME, APT. NO., P.O. BOX NUMBER,

\_\_\_\_\_  
COMMUNITY, PROVINCE, POSTAL CODE & COUNTRY]

\_\_\_\_\_  
PHONE NUMBER(S)

\_\_\_\_\_  
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

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] [YEAR]

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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**SCHEDULE D**  
(NGSL 2011-03)

**Request for Access and Consent to Release of Information**

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

**Application serial number:** \_\_\_\_\_

**PART I**  
**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 relationship to the third party is: \_\_\_\_\_

Full details of the information I am requesting are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting the information described above for purposes 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] [YEAR]

**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\_\_\_\_\_,  
 [DAY] [MONTH] [YEAR]

**SIGNED** by: \_\_\_\_\_  
 [SIGNATURE]

*For Registrar's Use*

Reviewed/Approved	Verification	Information released	Conditions if any	Other

**SCHEDULE E  
(NGSL 2013-04)**

**BENEFICIARY'S REQUEST FOR A REVIEW OF THE ELIGIBILITY OF A  
BENEFICIARY TO BE ENROLLED AS A BENEFICIARY**

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

I, \_\_\_\_\_, the undersigned,  
[PRINT NAME IN FULL]  
born the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_  
[DAY] [MONTH] [YEAR] [PRINT ADDRESS IN  
FULL]

\_\_\_\_\_ and whose Beneficiary number is \_\_\_\_\_, hereby request that a review be carried out to determine whether the Beneficiary identified below is eligible to be enrolled on the Register under the Criteria set out in Part 3.3 of the Labrador Inuit Land Claims Agreement.

The name and address of the Beneficiary I wish to have reviewed is:

\_\_\_\_\_, of \_\_\_\_\_,  
[PRINT NAME IN FULL] [PLACE OF RESIDENCE]

The following are the reasons why I believe the Beneficiary identified above may not be eligible to be enrolled on the Register:

\_\_\_\_\_  
[GIVE AS MUCH DETAIL AS POSSIBLE. REFER TO FACTS AND THE CRITERIA, PRINT. USE EXTRA PAGES IF NEEDED.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to provide further information if requested to do so by the Registrar or a Membership Committee.

I have made this request of my own free will without duress or the influence of any person, and I understand that a copy of this request may be provided to the Beneficiary identified above.

**DATED** the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
                  [DAY]                  [MONTH]                  [YEAR]

**SIGNED** by: \_\_\_\_\_  
                  [SIGNATURE]

**Witness:** \_\_\_\_\_  
                  [SIGNATURE]

**Witness's Name [PRINT]** \_\_\_\_\_

**Witness's Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE F  
(NGSL 2013-04)**

**REGISTRAR'S REQUEST FOR A REVIEW OF THE ELIGIBILITY OF A BENEFICIARY TO BE  
ENROLLED AS A BENEFICIARY**

To the **[Insert name of committee]** Membership Committee

The Registrar of Beneficiaries hereby request that the Committee carry out a review to determine whether the Beneficiary identified below is eligible to be enrolled on the Register under the Criteria set out in Part 3.3 of the Labrador Inuit Land Claims Agreement.

The name, beneficiary number and address of the Beneficiary I wish to have reviewed are:

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The following are the reasons why I believe the Beneficiary identified above may not be eligible to be enrolled on the Register:

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I forward with this request a copy of all relevant information held in the Registry

**SIGNED** by: \_\_\_\_\_  
**Registrar of Beneficiaries**

**DATE:** \_\_\_\_\_