



PER CAPITA DISTRIBUTION (PCD) OF SETTLEMENT FUNDS APPLICATION FORM

PLEASE PRINT CLEARLY AND IN BLACK OR BLUE INK

If you have any questions after reading the PCD Application Instructions, please contact the Listuguj Mi'gmaq Government (LMG) at: (418) 788-2136 (Ext.: 2168) or misaac@listuguj.ca

SECTION A: Applicant Personal Information *Required information			
Surname*	First Name*	Middle Name(s)	Alias
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* Day ____ Month ____ Year ____	Certificate of Indian Status Registration No.*	
Mailing Address*		City*	Province/State*
Postal/Zip Code*	Country*	Daytime Telephone	Alternative Telephone
Email Address			

SECTION B: Proof of Identity (Examples: Indian Status Card, Driver's License, Health Card, Passport, Birth Certificate)			
Type of Document (1)	Document Number (If applicable)	Date of Expiry (If applicable)	Your Name as it Appears on Document
Type of Document (2)	Document Number (If applicable)	Date of Expiry (If applicable)	Your Name as it Appears on Document

SECTION C: PCD Payment Method Options

Please note that under no circumstances shall the Listuguj Mi'gmaq Government, its employees, administrators and representatives be held liable for any direct or indirect, incidental, exemplary or other damages whatsoever resulting from the choice of payment method (including without limiting the generality of the foregoing, providing an account number that is a joint account), or arising from the conduct of a third party whether or not the Listuguj Mi'gmaq Government has been notified of the possibility of such damages.

Please Check One Box Only

- Direct Deposit (Canadian accounts only)
- Cheque by Mail
- Cheque Pick-up (In Person)

Direct Deposit Information – If you chose “Direct Deposit” method of payment please attach either a cheque for your bank account marked “VOID”, or a certificate of personal banking information issued by your financial institution.

Financial Institution Name		Financial Institution Telephone Number
Financial Institution Address		
Branch Number	Institution Number	Bank Account Number

SECTION D: Applicant Solemn Declaration

PLEASE NOTE: For Section D, there are Options for applying in person, or applying by mail. CHOOSE ONLY ONE.

Option 1: Complete this subsection only if you will be applying in person.

Option 2: Complete this subsection only if you will be applying by mail.

Please see PCD Application Instructions and PCD Application Bulletin for detailed information.

OPTION 1: Applying in person and certification by LMG Application Clerk

Solemn Declaration—I solemnly declare that I am a registered member of the Listuguj Band, that the identification documents presented are unaltered and are a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Applicant Signature: X _____
(To be signed in the presence of an authorized LMG Application Clerk)

Signature of LMG Application Clerk: X _____

OR

OPTION 2: Applying by mail and certification by Notary Public or Commissioner of Oaths

Solemn Declaration—I solemnly declare that I am a registered member of the Listuguj Band, that the identification documents presented are unaltered and are a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Applicant Signature: X _____
(only to be signed in the presence of a Notary, Commissioner for Oaths or any other person authorized to receive solemn declarations)

Declared before me in _____, in the Country of

_____, this ____ day of _____, 20__.

Signature of Notary Public or Commissioner of Oaths X _____

Seal:

SECTION E: Permission to send future LMG Communications

Occasionally, the Listuguj Mi'gmaq Government (LMG) would like to provide information to Listuguj members through the mail or by email. We need your permission to do this. Information may include, for example:

- Community information releases
- Requests for information
- Input and feedback on various initiatives of LMG or its departments and directorates

Please check the box below if you would like to receive LMG information.

Yes, I would like to receive Listuguj Mi'gmaq Government communications in the future.

I understand that by checking this box, I agree to receive the communications from the Listuguj Mi'gmaq Government but I may withdraw my consent at any time by contacting the LMG office.

For Office Use Only		
Application received on:	Application reviewed by:	Application reviewed on:
Application approved by:	Application approved on:	Payment Issue Date: