

Ratification Vote Application Form A: For Use By Band Members

If you have any questions regarding this application form please contact the Ratification Officer at:

Stephanie Connors, GKD Ratification Officer
Box 2850
The Pas, MB R9A 1M6
Email: gkdratificationofficer@gmail.com
Phone: (204) 620-2998

Section A – Personal Information of Applicant

1. Name of Applicant

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First Name	Middle Name	Last Name

2. Applicant Information

Date of Birth:	Treaty Status #:
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3. Contact Information of the Applicant

Mailing Address:

Email Contact:

Phone Number:

Do you consent to the release of your name and contact information to Sayisi Dene First Nation and Northlands Denesuline First Nation for the purposes of providing more information regarding the Ghotelnene K'odtineh Dene Agreement (please check one box only):

- Yes
 No

4. Part E: Enrollment Under another Land Claim Agreement, Self-Government Agreement or other Band List?

Are you enrolled under another land claim agreement in Canada? (Please check one box only):

- No, I am not enrolled under another land claim agreement.
- Yes, I am enrolled under another land claim agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Are you enrolled under a Self-Government Agreement in Canada? (Please check one box only):

- No, I am not enrolled under a Self-Government Agreement.
- Yes, I am enrolled under a Self-Government Agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Is your name on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation?

- No, my name is not on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation
- Yes, my name is on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation

If you selected “Yes”, you are not currently eligible to participate in this vote.

5. Part F: Information Provided by Applicant

By signing below, I consent to the release of the information contained in this application to the Ratification Committee to verify my personal information and to determine my initial and continued eligibility to participate in the ratification vote. I also consent to the release of this application to the enrollment registrar for the purposes of enrolment should the Ghotelnene K’odtjneh Dene Agreement come into effect.

6. Desired Manner of Obtaining a Copy of the Agreements

- I would like a physical copy of the Ghotelnene K’odtjneh Dene Agreement, the Trust Agreement and all related documents.
- I would like a digital copy of the Ghotelnene K’odtjneh Dene Agreement, the Trust Agreement and all related documents.

7. Should the Ghotelnene K’odtjneh Dene Agreement be successfully ratified:

- Yes, I authorize the enrollment registrar to enroll me under the Ghotelnene K’odtjneh Dene Agreement.
- No, I do not authorize the enrollment registrar to enroll me under the Ghotelnene K’odtjneh Dene Agreement.

Nothing precludes an individual from enrolling or withdrawing their enrollment at a later time.

Section C – Signature of Applicant

I certify that the information provided is, to the best of my knowledge, true, correct and complete.

_____	_____	_____
Print Name	Signature	Date

Return this form to the Ratification Officer by the email listed above.

Complete all information requested on this form. This form must be completed in full to avoid any delays in processing. The Ratification Officer may request additional information to process this application. The onus is on the Applicant to notify the Ratification Officer of any changes to the information requested on this form.