

TOQUAHT NATION APPLICATION FOR DISTRIBUTION

CHRISTMAS 2024

(ALL FIELDS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED)

Legal Name of Applicant:									
		LAST		FIR	ST		MIDDLE		
Preferred name if different									
Registered Toquaht Citizen?	Yes	☐ No	Pa	rent/Guadiar	of Toquaht	: Citizen?	Yes	☐ No	
Applying on behalf of?	Myself	Children	n in my care		I am 18 or	older	Yes	☐ No	
Application Date		MM-DD-YYYY							
Child(ren) Information (17 & Uno	der):	WIWI-DD-TTTT							
LAST NAME, FIRST NAME			AGE	Registered	in School?	Yes	☐ No	GRADE	
LAST NAME, FIRST NAME			AGE	Registered	in School?	Yes	☐ No	GRADE	
LAST NAME, FIRST NAME			AGE	Registered	in School?	Yes	☐ No	GRADE	
LAST NAME, FIRST NAME			AGE	Registered	in School?	Yes	☐ No	GRADE	
LAST NAME, FIRST NAME			AGE	Registered	in School?	☐ Yes	☐ No	GRADE	
Current mailing address includin	g postal cod	e:							
<u> </u>	.	_		House #, S	treet, City,		Prov/State	Postal/Zip Code	
Current email address: Phone number						☐ I don	't have an ema	il address	
	REQUIRED	DOCUMENT	TATION FO	R DISTRIBUT	ION APPROV	VAL			
I have attached my current banking information via:				Copy of void cheque Direct Deposit form from bank My current banking info is on file (has not changed in last 12 months)					
		Or:		il a cheque to my		_			
NOTE: Distibutions will be made EFT (direct deposit) payment. If cheque to your current mailing	you have n	ot provided	current b	anking inforn	nation your	payment w	ill default t	o a	
NOTE: Due to out of country bar	nking issues	, citizens liv	ing outsid	e of Canada v	will receive	payment by	CAD chequ	e.	