TOQUAHT NATION APPLICATION FOR DISTRIBUTION



Special Distribution 2025 from the

Logging on Deekyakus and Macoah Specific Claim Settlement

(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	Par	ent/Guadia	n of Toquaht	Citizen?	Yes	No No
Applying on behalf of?	Myself	Children	in my care		l am 18 or	older	Yes	🗌 No
Application Date		MM-DD-YYYY						
Child(ren) Information (17 & Uno	der):							
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:		House # S	itreet, City,		Prov/State	Postal/Zip Code
Current email address: Phone number				110030 #, 3		🗌 l don	't have an ema	
REQUIRED DOCUMENTATION FOR DISTRIBUTION APPROVAL								
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:	🗌 Mail	a cheque to m	y home address	(automatic if n	o banking info	sent)
NOTE: Distibutions will be made via EFT (direct deposit) or cheque <u>ONLY</u> . You must include an email address for an EFT (direct deposit) payment. If you have not provided current banking information your payment will default to a cheque to your current mailing address. Returned EFT's or cheques that do not get cashed may not be re-issued.								
NOTE: Due to out of country bar	nking issues	<mark>, citizens livi</mark> r	<mark>ng outside</mark>	of Canada	<mark>will receive</mark> p	<mark>payment by</mark>	<mark>CAD chequ</mark>	е.

IT IS YOUR RESPONSIBILITY TO PROVIDE YOUR MOST CURRENT AND CORRECT INFORMATION THIS FORM WILL BE RETURNED IF INCOMPLETE