



# OCHAPOWACE NATION

## 2020 DIVIDEND PAYMENT VERIFICATION FORM

**KNOW ALL PERSON BY THESE PRESENT** that I, (as named below), is a registered Ochapowace Nation Citizen over the age of Eighteen (18) years of age and furthermore hereby declare the information on this application is true and correct.

**DATED:** this \_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
**Ochapowace Nation Citizen (PRINT NAME)**

**Treaty Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address (INCLUDE POSTAL CODE):**

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

**Phone Number:** (    ) \_\_\_\_\_

\_\_\_\_\_  
**Ochapowace Nation Citizen (SIGNATURE)**

**MINOR GIFT CARDS:** Please fill out this portion if you meet the requirements to receive the requested gift cards.

Please submit legible copies of identification cards with verification form.

**PROOF OF IDENTIFICATION:**

- HEALTH CARD     SOCIAL INSURANCE CARD  
 BIRTH CERTIFICATE     OTHER:

PRINT FULL NAME & DATE OF BIRTH OF CHILD(REN):

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

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

**PLEASE CIRCLE ONE OF THE OPTIONS TO RECEIVE YOUR MONETARY PAYMENT:** CHEQUE    MONETARY GIFT CARD    DIRECT DEPOSIT

**FOR DEPARTMENTAL USE ONLY: GUARANTOR'S**

**DECLARATION.** This portion to be completed only if you do not have photo identification to receive the dividend payment and will have your photograph taken and attached to this form. The Guarantor's Declaration is to be filled out by any one (1) of the Ochapowace Council or Registration Clerk(s).

**GUARANTOR'S DECLARATION:** I, Guarantor, solemnly declare that to the best of my knowledge and belief, that, I have known the applicant personally for at least TWO years and certify on the attached original photo to this application is the image to be a true likeness of the applicant as stated on this form.

**DATED:** this \_\_\_\_ day of \_\_\_\_\_, 2020.

**SIGNED IN THE PRESENCE OF:**

\_\_\_\_\_  
**Ochapowace Nation Guarantor – PRINT NAME**

\_\_\_\_\_  
**Ochapowace Nation Guarantor – SIGNATURE**

**FOR DEPARTMENTAL USE ONLY: REGISTRATION CLERK**

**DATED:** this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
**NAME OF REPRESENTATIVE (PRINT)**

\_\_\_\_\_  
**REPRESENTATIVE (SIGNATURE)**

**PROOF OF IDENTIFICATION:**  DRIVER'S LICENCE     TREATY CARD     CANADIAN PASSPORT     GOVERNMENT IDENTIFICATION CARD

**OTHER IDENTIFICATION:**  HEALTH CARD     SOCIAL INSURANCE CARD     BIRTH CERTIFICATE

OTHER: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY: FINANCE CLERK:**

**PAYMENT DISTRIBUTED DATE:** \_\_\_\_\_, 2020.

CHEQUE     MONETARY GIFT CARD     DIRECT DEPOSIT

Finance Clerk's Initial: \_\_\_\_\_