



OCHAPOWACE NATION

2024 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 _____, 2024.

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 present legible copies of identification cards with verification form in person.

PROOF OF IDENTIFICATION:

- HEALTH CARD SOCIAL INSURANCE CARD
 BIRTH CERTIFICATE OTHER:

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

PARENT/GUARDIAN SIGNATURE

- PLEASE CHECK BOX IF YOU WISH TO RECEIVE NATION BUSINESS BY EMAIL.**

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 _____, 2024.

SIGNED IN THE PRESENCE OF:

Ochapowace Nation Guarantor – PRINT NAME

Ochapowace Nation Guarantor – SIGNATURE

FOR DEPARTMENTAL USE ONLY: REGISTRATION CLERK

DATED: this _____ day of _____, 2024.

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: _____, 2024.

Finance Clerk's Initial: _____