kakisiwew-ochapowace Nation

2025 DIVIDEND PAYMENT VERIFICATION FORM

I certify (as named below), that I am a registered Ochapowace Nation Citizen over the age of eighteen (18) years and declare the information on this application is true and correct.

DATED: this ____ day of _____ 2025.

_____

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 is to be completed only if you do not have photo identification to receive the dividend payment, and you 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 that the attached original photo is a true likeness of the applicant, as stated on this form.

DATED: this_____ day of _____, 2025.

SIGNED IN THE PRESENCE OF:

_____

Ochapowace Nation Guarantor – PRINT NAME

_____

Ochapowace Nation Guarantor – SIGNATURE

FOR DEPARTMENTAL USE ONLY: REGISTRATION CLERK

DATED: this _____day of_____, 2025.

_____

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 DISTRIBUTE DATE: _____,2025.

Finance Clerk's Initial: _____