

BENEFICIARIES ENROLMENT FORMS REGULATIONS

CSL B-1 (26-11-2018)

Original Enactment NGSL 2009-02

Amended NGSL 2011-03

Amended NGSL 2012-09

Amended NGSL 2013-04

Amended NGSL 2014-08

Amended NGSL 2018-15

REGULATION RESPECTING FORMS TO BE USED UNDER THE BENEFICIARIES ENROLMENT ACT

1. Short Title
2. Authority
3. Interpretation
4. Application Form
5. Notice of Renunciation
6. Notice of Appeal
7. Request for Access to Information and Consent to Release of Information
8. Eligibility Review Request by a Beneficiary
9. Eligibility Review Request by The Registrar
10. Applicant may appoint a representative

| | |
|------------|--|
| Schedule A | Application Form |
| Schedule B | Notice of Renunciation of Status as a Beneficiary |
| Schedule C | Notice of Appeal |
| Schedule D | Request for Access and Consent to Release of Information |
| Schedule E | Beneficiary's Request for a Review of the Eligibility of a Beneficiary to be Enrolled as a Beneficiary |
| Schedule F | Registrar's Request for a Review of the Eligibility of a Beneficiary to be Enrolled as a Beneficiary |
| Schedule G | Appointment of Representative |

Jml

The First Minister of the Nunatsiavut Government is pleased to enact the following regulations with the consent of the Nunatsiavut Executive Council.

Short Title

1.

These regulations may be cited as the *Beneficiaries Enrolment Forms Regulations*.

Authority

2.

These regulations are made under clauses (a), (d) and (g) of section 44 of the *Beneficiaries Enrolment Act*. (NGSL 2013-04)

Interpretation

3.

Terms used in these regulations have the same meaning as in the *Beneficiaries Enrolment Act*.

Application Form

4.

For purposes of the *Beneficiaries Enrolment Act* the Application Form is set out in Schedule A. (NGSL 2018-15)

Notice of Renunciation

5.

An individual who wishes to renounce his or her status as a Beneficiary and as an Inuk for purposes of Inuit Law pursuant to subsection 28(1) of the *Beneficiaries Enrolment Act* must complete and sign the form of notice set out in Schedule B in the presence of a notary public, commissioner of oaths or other official authorized to administer an oath or solemn declaration.

Notice of Appeal

6.

An Applicant who wishes to appeal from a final decision of a Committee must complete and sign the form of Notice of Appeal set out in Schedule C and file the form with the Registrar of Beneficiaries. (NGSL 2011-03)

Request for Access to Information and Consent to Release of Information

7.

Where an Applicant wishes to obtain access to information contained in or related to an application made by a third party that is held in the Registry for purposes of making his or her own application for enrolment, the Applicant must make a request for access to the information and supply the consent of the third party by:

- a) completing Part I of the form of Request for Access and Consent to Release of Information set out in Schedule D;
- b) obtaining the consent of the third party to the release of the information by having the third party complete Part II of the form of Request for Access and Consent to Release of Information set out in Schedule D; and
- c) filing the form with the Registrar of Beneficiaries. (NGSL2011-03)

Eligibility Review Request by a Beneficiary

8.

A beneficiary who wishes to request an eligibility review pursuant to subsection 29(10) of the *Beneficiaries Enrolment Act* must complete and sign the Beneficiary's Eligibility Review Request Form set out in Schedule E and file the form in the Registry. (NGSL 2013-04)

Eligibility Review Request by the Registrar

9.

Where the Registrar wishes to initiate an eligibility review pursuant to subsection 29(10) of the *Beneficiaries Enrolment Act* the Registrar must complete and sign the Registrar's Eligibility Review Form set out in Schedule F, file the form in the Registry and forward a copy to the appropriate membership Committee. (NGSL 2013-04)

Applicant may appoint a representative

10.

- (1) An Applicant who wishes to appoint an individual (other than one listed in subsection 10(6) of these regulations) to represent the Applicant for purposes related to the Applicant's application for enrolment as a Beneficiary of the Labrador Inuit Land Claims Agreement may do so by:
 - (a) completing Part 1 of the form of Appointment of Representative contained in Schedule G;
 - (b) obtaining the consent of the representative by having the representative complete Part II of the form of Appointment of Representative contained in Schedule G; and
 - (c) filing the Appointment of Representative with the Registrar or having the representative file it with the Registrar on the Applicant's behalf.
- (2) No individual may represent an Applicant for purposes related to the Applicant's application unless he or she has consented to act as the Applicant's representative by completing and filing the Consent to Act as Representative in Part II of the form for Appointment of Representative set out in Schedule G and the form has been filed with the Registrar under subsection 10(1) of this Regulation.
- (3) An Applicant may only have one representative at a time.
- (4) No representative other than a practicing lawyer may charge a fee for acting as the representative of an Applicant in connection with the Applicant's application for enrolment as a Beneficiary of the Labrador Inuit Land Claims Agreement.
- (5) The Registrar, Membership Committees and Inuit Membership Appeal Board may deal with an Applicant's representative as fully and effectively as if the representative were the Applicant.

- (6) The following individuals are not eligible to serve as a representative of an Applicant:
- (a) a Nunatsiavut Civil Servant in the Registrar's office or the Legal Services Division of the Department of Nunatsiavut Affairs;
 - (b) a Community Liaison Officer;
 - (c) a Minister or Deputy Minister of the Nunatsiavut Government;
 - (d) a member of a Regional Membership Committee;
 - (e) a member of the Inuit Membership Appeal Board; or
 - (f) an individual who is under 19 years old. (NGSL 2018-15)

Application to be Enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

Applicants are asked to note that Happy Valley – Goose Bay, North West River and Mud Lake are NOT in the Labrador Inuit Lands Claims Area or the Labrador Inuit Settlement Area.

Instructions for Completing the Application

- IN THESE INSTRUCTIONS AND THE FORM "AGREEMENT" REFERS TO THE **LABRADOR INUIT LAND CLAIMS AGREEMENT**.
- TERMS THAT ARE IN BOLD ITALICS ARE DEFINED IN THE AGREEMENT.
- PRINT CLEARLY.
- PROVIDE ALL INFORMATION REQUESTED. IF A PART OR SECTION IS NOT APPLICABLE, SAY "N/A". IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, SAY "I DON'T KNOW".
- IF YOU NEED MORE SPACE, PROVIDE THE INFORMATION ON A SEPARATE SHEET AND STAPLE IT TO THE APPLICATION FORM.
- ALL APPLICANTS **MUST** COMPLETE PARTS 1, 2 AND 7.
- APPLICANTS WHO CONSIDER THEMSELVES "***INUIT***" AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 3 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6A.
- APPLICANTS WHO CONSIDER THEMSELVES "***KABLUNANGAJUIT***" AND WHO ARE APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT MUST COMPLETE PART 4 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6B.
- APPLICANTS APPLYING UNDER SECTION 3.3.2 OR 3.3.4 OF THE AGREEMENT WHO ARE **NOT** PERMANENT RESIDENTS OF THE ***LABRADOR INUIT SETTLEMENT AREA*** MUST ALSO COMPLETE PART 5 AND PROVIDE WITNESSES WHO MUST COMPLETE PART 6C.
- APPLICANTS WHO CLAIM TO HAVE AT LEAST 25% INUIT ANCESTRY AND ARE APPLYING UNDER SECTION 3.3.3 OF THE AGREEMENT MUST COMPLETE PARTS 1, 2, AND 7.
- COMPLETED APPLICATION FORMS MUST BE SUBMITTED TO THE **REGISTRAR OF BENEFICIARIES** (ADDRESS BELOW.)

If you change your address from the address in section 1.16 of the Application Form you must immediately inform the Registrar at the address below.

If you need help completing the Application Form or understanding the application process contact the Registrar of Beneficiaries whose contact information is:

Registrar of Beneficiaries

Nunatsiavut Government
P.O. Box 70
Nain, Labrador, NL
A0P 1L0
709.922.2942
registrar.beneficiaries@nunatsiavut.com
Toll free number 1.888.922.2942



FOR OFFICE USE ONLY:
APPLICATION NUMBER:

DATE: _____

Part 1: Personal and General (to be completed by all applicants)

1.1 Last Name: _____ Maiden Name: _____

1.2 Given Name(s): _____

1.3 Nickname(s): _____ 1.4 Gender: ☐ Male ☐ Female

1.5 Are you a Canadian Citizen? ☐ Yes ☐ No

1.6 If you are not a Canadian citizen, are you a permanent resident of Canada? ☐ Yes ☐ No
If "Yes", provide documentary proof.

1.7 Birth Date: _____ Birth Place: _____

1.8 Did your mother have to leave the **Labrador Inuit Land Claims Area** for your birth?

☐ Yes ☐ No

Please indicate if either of your parents were **Permanent Residents** of the **Labrador Inuit Land Claims Area** at the time of your birth.

☐ Mother ☐ Father ☐ Neither

1.9 Proof of birth. Please provide a copy of one of the following documents:

Birth Certificate
Baptism Certificate
Affidavit or affirmation of your birth made by a relative

1.10 If you were born after December 1, 2005, are you directly descended from a person who is registered on the **Register of Beneficiaries** or who was registered on the **Register of Beneficiaries** while alive?

☐ Yes ☐ No

If "Yes", list the names of the individuals from whom you are directly descended who are registered on the **Register of Beneficiaries** or who were registered on it while they were alive

If "No", list the names of individuals from whom you are directly descended who were alive on December 1, 2005 and who were eligible to be enrolled on the **Register of Beneficiaries** on that date.

1.11 Are you currently a **Beneficiary** who was enrolled as a minor? ☐ Yes ☐ No

If "Yes" please give your Beneficiary number: _____

1.12 Give the full names of your siblings (full, half and adopted) and say if they are Beneficiaries:

| Name | Beneficiary |
|------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

1.13 Are you a beneficiary of another Canadian aboriginal land claims agreement? ☐ Yes ☐ No

if "Yes", which agreement? _____

1.14 Place of **Permanent Residence**:

Street Name & Number: _____

Community/Town: _____ P.O. Box: _____

Province/Country: _____ Postal Code: _____

1.15 How long have you lived there? Years: _____ Months: _____

1.16 Present Mailing Address:

Street Name & Number: _____

Community/Town: _____

P.O. Box: _____

Province/Country: _____

Postal Code: _____

1.17 Phone Number: _____

Fax Number: _____

1.18 E-mail address: _____

1.19 Which Region are you are most closely connected to? The Membership Committee for that Region will consider your Application. Check **ONE** of the following:

☐ I am most closely connected to the Nain Region or Region north of Nain

☐ I am most closely connected to the Hopedale Region

☐ I am most closely connected to the Postville and Makkovik Region

☐ I am most closely connected to the Rigolet or the lower Lake Melville Region of the **Labrador Inuit Settlement Area**

1.20 Have you or a parent or guardian acting on your behalf ever before made an application for enrolment to the Nunatsiavut Government, the Ratification Committee or the Labrador Inuit Association?

☐ Yes ☐ No

If "Yes", please give details:

Who made the application? _____

Who did you apply to? _____ When? _____

What was the result? _____

Did you apply under a different name? ☐ Yes ☐ No

If "Yes", what name? _____

1.21 Are you a Beneficiary who was enrolled as a minor who has turned 19 and is reapplying under section 3.11.4 of the Agreement?

☐ Yes ☐ No

1.22 Please indicate the eligibility **Criteria** under which you are applying:

- ☐ I am an **Inuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- ☐ I am a **Kablunângajuk** born before 1 December 2005 applying under section 3.3.2 of the Agreement.
- ☐ I am an individual who has at least 25% **Inuit** ancestry applying under section 3.3.3 of the Agreement.
- ☐ I am an **Inuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.
- ☐ I am a **Kablunângajuk** born after 1 December 2005 applying under section 3.3.4 of the Agreement.

Part 2: Ancestry (to be completed by all applicants)

Please complete your family tree on the following 2 pages. For all women in your family tree you must give their original family (maiden) names. Fill in as much as you can. You must supply all necessary information. If there is not enough room or you need more space, please write the information on a separate sheet and attach it.

- 2.1 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. **Note** that (i) no person may have more than 100% **Inuit** ancestry; (ii) the numbers in the left column correspond to the numbers in the following table; and (iii) Happy Valley – Goose Bay, Northwest River and Mud Lake are NOT in the Labrador Inuit Lands Claims Area.

| | Ancestor | Given and Family Names | Date of birth | Place of birth | Years Resident in Claims Area | Place of Permanent Residence | Date of death | Permanent Residence at time of death | Percentage Inuit Ancestry |
|----|-----------------|------------------------|---------------|----------------|-------------------------------|------------------------------|---------------|--------------------------------------|---------------------------|
| 1 | Father | | | | | | | | |
| 2 | Mother | | | | | | | | |
| 3 | Father's Father | | | | | | | | |
| 4 | Father's Mother | | | | | | | | |
| 5 | Mother's Father | | | | | | | | |
| 6 | Mother's Mother | | | | | | | | |
| 7 | Father of #3 | | | | | | | | |
| 8 | Mother of #3 | | | | | | | | |
| 9 | Father of #4 | | | | | | | | |
| 10 | Mother of #4 | | | | | | | | |
| 11 | Father of #5 | | | | | | | | |
| 12 | Mother of #5 | | | | | | | | |
| 13 | Father of #6 | | | | | | | | |
| 14 | Mother of #6 | | | | | | | | |

2.2 Fill in your family tree

Applicant
(% Inuit)

1. Father (% Inuit)

2. Mother (% Inuit)
(Maiden Name)

3. Grandfather (% Inuit)

4. Grandmother (% Inuit)
(Maiden Name)

5. Grandfather (% Inuit)

6. Grandmother (% Inuit)
(Maiden Name)

7. Great Grandfather (% Inuit)

8. Great Grandmother (% Inuit)
(Maiden Name)

9. Great Grandfather (% Inuit)

10. Great Grandmother (% Inuit)
(Maiden Name)

11. Great Grandfather (% Inuit)

12. Great Grandmother (% Inuit)
(Maiden Name)

13. Great Grandfather (% Inuit)

14. Great Grandmother (% Inuit)
(Maiden Name)

JmL

- 2.3 For each person listed in the table under section 2.1 who has Inuit ancestry and who was not a Permanent Resident of the Labrador Inuit Land Claims Area, give as much information as you can about his or her use and occupancy of the Labrador Inuit Land Claims Area. Please also explain his or her membership in an Inuit family or group of Inuit that also used and occupied the same area or areas and that continues to do so.

Part 3: INUIT.

3.1 Why do you consider yourself to be an *Inuk*?

3.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, addresses and phone numbers of at least 2 *Inuit* in or from the *Region* you are most closely connected to who are willing to act as witnesses by giving evidence that you are an *Inuk* pursuant to *Inuit* customs and traditions.
THE WITNESSES MUST COMPLETE PART 6A.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Part 4: KABLUNÂNGAJUIT.

4.1 Why do you consider yourself to be a *Kablunângajuk*?

4.2 If you are applying under section 3.3.2 or 3.3.4 of the Agreement give the names, addresses and phone numbers of at least 2 *Inuit* in or from the *Region* you are most closely connected to who are willing to act as witnesses by giving evidence that you are a *Kablunângajuk* pursuant to *Inuit* customs and traditions.
THE WITNESSES MUST COMPLETE PART 6B.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

4.3 Are you a *Kablunângajuk* who has no *Inuit* ancestry who settled permanently in the *Labrador Inuit Land Claims Area* before 1940? If so, provide details about yourself and your relevant ancestors in this table.

| Name | Years Arrived in Claims Area | Place of Permanent Residence in Claims Area | Number of Years Lived in Claims Area |
|------|------------------------------|---|--------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part 5: CONNECTIONS TO THE LABRADOR INUIT LAND CLAIMS AREA (To be completed by Applicants who are not *Permanent Residents* of the *Labrador Inuit Settlement Area* who are applying under section 3.3.2 or 3.3.4 of the Agreement.)

- 5.1 (A) If your permanent residence (given in 1.14) is not in the *Labrador Inuit Settlement Area* explain how you are connected to the *Labrador Inuit Land Claims Area* or the *Region* given in 1.19.

- 5.1 (B) Give the names, addresses and phone numbers of two (2) *Inuit* or *Kablunângajuit* residing in the *Labrador Inuit Land Claims Area* to whom you are related and explain your relationship.

1) Name: _____ Relationship: _____
 Address: _____
 _____ Phone: _____

2) Name: _____ Relationship: _____
 Address: _____
 _____ Phone: _____

- 5.1 (C) Give the names, addresses and phone numbers of at least two (2) *Inuit* or *Kablunângajuit* (a) who are not related to you, (b) who reside in the *Labrador Inuit Land Claims Area* in the *Region* you are most closely connected to and (c) who know you and the ways in which you are connected to the *Labrador Inuit Land Claims Area* and (d) who are willing to act as witnesses by giving evidence that you are connected to the *Labrador Inuit Land Claims Area*. THE WITNESSES MUST COMPLETE PART 6C.

1) Name: _____ Phone: _____
 Address: _____

2) Name: _____ Phone: _____

Address: _____

5.2 (A) Were any of your grandparents born in the **Labrador Inuit Land Claims Area**? ☐ Yes ☐ No

If yes, give their names, dates and places of birth, place of **Permanent Residence** and, if applicable their place of death.

5.2 (B) If a grandparent listed in 5.2(A) died outside the **Labrador Inuit Land Claims Area**, did they move out of the **Labrador Inuit Land Claims Area** to receive nursing or other services in a home or facility for care of the elderly or in a health care facility?

☐ Yes ☐ No

If yes, give the names and addresses of the home or facility.

5.3 If you were not born in the **Labrador Inuit Land Claims Area** were any of your full siblings born in the **Land Claims Area**?

☐ Yes ☐ No

If yes, are any of them Beneficiaries? ☐ Yes ☐ No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part 6: DECLARATION OF WITNESSES.

- 6A) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE INUIT PURSUANT TO INUIT CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE INUIT AND WHO LIVE IN OR ARE FROM THE REGION OF THE LABRADOR INUIT CLAIMS AREA THAT THE APPLICANT IS CONNECTED TO.

We the undersigned declare that the applicant, _____ is an **Inuk** pursuant to **Inuit** customs and traditions for the following reasons:

I am willing to be contacted and to answer questions about my evidence.

| Name | Address | Signature | Phone Number | Date |
|------|---------|-----------|--------------|------|
| | | | | |
| | | | | |

6B) TO BE COMPLETED ON BEHALF OF APPLICANTS WHO CLAIM TO BE A **KABLUNÂNGAJUK** PURSUANT TO INUIT CUSTOMS AND TRADITIONS BY TWO (2) WITNESSES WHO ARE **INUIT** AND WHO LIVE IN OR ARE FROM THE **REGION** OF THE **LABRADOR INUIT LAND CLAIMS AREA** THAT THE APPLICANT IS CONNECTED TO (See 1.19 above).

We the undersigned declare that the applicant, _____ is a **Kablunângajuk** pursuant to **Inuit** customs and traditions for the following reasons

I am willing to be contacted and to answer questions about my evidence.

| Name | Address | Signature | Phone Number | Date |
|------|---------|-----------|--------------|------|
| | | | | |
| | | | | |

6C) TO BE COMPLETED BY TWO (2) WITNESSES WHO ARE *INUIT* OR *KABLUNÂNGAJUIT* WHO LIVE IN *LABRADOR INUIT CLAIMS AREA*, WHO ARE NOT RELATED TO THE APPLICANT AND WHO CAN GIVE EVIDENCE OF THE WAYS IN WHICH THE APPLICANT IS CONNECTED TO THE *LABRADOR INUIT CLAIMS AREA*.

We the undersigned declare that we know the applicant, _____ and the applicant has the following associations and ties with the land and people of the *Labrador Inuit Land Claims Area*:

I am willing to be contacted and to answer questions about my evidence.

| Name | Address | Signature | Phone Number | Date |
|------|---------|-----------|--------------|------|
| | | | | |
| | | | | |

JML

Part 7: DECLARATION OF APPLICANT (To be completed by all Applicants)

The information in this Application is true and correct to the best of my knowledge. I understand that the decision about whether I am eligible to be enrolled as a beneficiary of the Labrador Inuit Land Claims Agreement depends on the accuracy of the information that I have provided and, if requested by the **Registrar** or the **Membership Committee**, I will give further information in support of my Application. I make this Application knowing that if any of the information is false or misleading, it is an offence.

I hereby apply to be enrolled as a **Beneficiary** of the Labrador Inuit Land Claims Agreement.

Signature of Applicant: _____

Date: _____

Or Applicant's Parent or Guardian

If this Application is made by the parent or guardian of a child or other person under a legal disability please sign and date the Declaration above and provide your name, address and phone number and state the capacity (e.g., parent or guardian) in which you are acting on behalf of the Applicant. If you are the applicant's legal guardian please supply a copy of your appointment.

Name: _____

Date: _____

Capacity (e.g., Parent/Guardian/other): _____

Phone: _____

Address: _____

SCHEDULE B

NOTICE OF RENUNCIATION OF STATUS AS A BENEFICIARY OF THE LABRADOR INUIT LAND CLAIMS AGREEMENT

(To be signed before a Notary Public, Commissioner of Oaths or other official authorized to take Oaths)

To the Registrar of Beneficiaries
Nunatsiavut Government
11 Sandbanks Road
P.O. Box 70
Nain, Labrador
A0P 1L0

TAKE NOTICE that I, _____,
[PRINT NAME IN FULL]

born the _____ day of _____, _____, whose address is _____
[DAY] [MONTH] [YEAR] [PRINT STREET NO.]

STREET NAME, APT. NO., P.O. BOX NUMBER COMMUNITY, PROVINCE, TERRITORY & COUNTRY]

whose enrolment number is _____, hereby choose not to be enrolled on the
[PRINT NUMBER OF BENEFICIARY ID CARD]

Register of Beneficiaries of the Labrador Inuit Land Claims Agreement and renounce my status as a Beneficiary of the Labrador Inuit Land Claims Agreement and as an Inuk for purposes of Inuit Law.

I have made this decision of my own free will without duress or the influence of any person, and I understand that I will no longer be entitled to exercise or enjoy the rights, benefits and privileges of a Beneficiary under the Labrador Inuit Land Claims Agreement, that I will not be entitled to any of the rights, programs and services provided under Inuit law, and that I will have to reapply to be enrolled as a beneficiary if I wish to recover my status as a Beneficiary.

I hereby surrender all cards issued to me by the Nunatsiavut Government that identify me as a Beneficiary.

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE] [PRINT NAME]

IN THE PRESENCE OF: _____
[SIGNATURE, NAME, ADDRESS, PHONE NO. OF OFFICIAL AUTHORIZED TO TAKE OATHS]

For Registrar's Use

| Reviewed | Confirmation Letter | Date Removed | Index No. | Notices to NG & Committee |
|----------|---------------------|--------------|-----------|---------------------------|
| | | | | |

SCHEDULE C
(NGSL 2011-03)

NOTICE OF APPEAL

This Notice of Appeal must be received by the Registrar of Beneficiaries of the Nunatsiavut Government within 30 clear days of the date on which the Appellant received the final decision of the Regional Membership Committee to reject the Appellant's Application

Application serial number: _____

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
A0P 1L0

I, _____
[PRINT NAME IN FULL]
born the _____ day of _____, _____, whose address is _____
[DAY] [MONTH] [YEAR] [PRINT STREET NO.]

STREET NAME, APT. NO., P.O. BOX NUMBER

COMMUNITY, PROVINCE, TERRITORY & COUNTRY

[PHONE NUMBER(S)] [EMAIL ADDRESS]

HEREBY APPEAL the decision of the _____
[NAME]

Regional Membership Committee dated the _____ day of _____, 2_____, rejecting my Application to be enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement.

I would like to receive notice of the date when my Appeal will be considered by the Appeal Board. ☐ YES ☐ NO

I intend to Appear in person at the hearing of my appeal. ☐ YES ☐ NO

I plan to present the following evidence to the Appeal Board that was not previously presented to the Membership Committee: [DESCRIBE AND ATTACH ANY ADDITIONAL INFORMATION THAT YOU WISH TO HAVE CONSIDERED FOR PURPOSES OF THE APPEAL] _____

Application to be enrolled as a Beneficiary of the Labrador Inuit Land Claims Agreement

I will be represented on the Appeal by: [IF YOU WILL BE REPRESENTED BY A LAWYER PROVIDE HIS OR HER FULL NAME, ADDRESS AND CONTACT DETAILS]

I understand that I am solely responsible for my own costs.

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE] [PRINT NAME]

For Registrar's Use

| Reviewed/Approved | Confirmation Letter | Notice and file to Inuit Membership Appeal Board | Other |
|-------------------|---------------------|--|-------|
| | | | |

SCHEDULE D
(NGSL 2011-03)

Request for Access and Consent to Release of Information

This Form has two Parts. Both Parts must be completed.

Application serial number: _____

PART 1: APPLICANT'S REQUEST FOR ACCESS TO INFORMATION ABOUT A THIRD PARTY CONTAINED IN THE REGISTER

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
AOP 1L0

I, _____
[PRINT NAME IN FULL]

of _____
[PRINT ADDRESS IN FULL AND PHONE NUMBER]

hereby request access to following information held in the Registry:

Full details of the third party whose information I wish to access: Name _____

Address _____

phone _____, Date of Birth _____

My relationship to the third party is: _____

Full details of the information I am requesting are: _____

I am requesting the information described above for purposes of completing my own Application for enrolment and I will not use the information for any other purpose. I have received consent to obtain access to the information as appears from Part II of this form below.

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE]

Jml

PART 2: CONSENT TO RELEASE OF INFORMATION BY THE REGISTRAR

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
AOP 1L0

I, _____
[PRINT NAME IN FULL]

of _____
[PRINT ADDRESS IN FULL AND PHONE NUMBER]

am the individual to whom the information/record requested in Part I above applies. I declare that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that my consent to release of the requested information will affect my privacy and the privacy of my family.

I want the information released for the following reason(s): _____

I authorize you to release the following information about me to: _____

| Check | Description of Information to be Released |
|--------------------------|--|
| <input type="checkbox"/> | My entire Application for enrolment as a Beneficiary of the Labrador Inuit Land Claims Agreement |
| <input type="checkbox"/> | My Ancestry as designated in section 1.2 of My Application |
| <input type="checkbox"/> | My Family tree in section 2.2 of My Application |
| <input type="checkbox"/> | Details of my ancestors in section 2.3 of My Application |
| <input type="checkbox"/> | Other information as follows: [DESCRIBE IN DETAIL THE INFORMATION TO BE RELEASED] |
| <input type="checkbox"/> | Other information as follows: [DESCRIBE IN DETAIL THE INFORMATION TO BE RELEASED] |

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE]

For Registrar's Use

| Reviewed/Approved | Verification | Information released | Conditions if any | Other |
|-------------------|--------------|----------------------|-------------------|-------|
| | | | | |

SCHEDULE E
(NGSL 2013-04)

**BENEFICIARY'S REQUEST FOR A REVIEW OF THE ELIGIBILITY OF A
BENEFICIARY TO BE ENROLLED AS A BENEFICIARY**

To the Registrar of Beneficiaries
Nunatsiavut Government
11 Sandbanks Road
P.O. Box 70
Nain, Labrador
AOP 1L0

I, _____, the undersigned,
[PRINT NAME IN FULL]
born the _____ day of _____, _____, whose address is _____
[DAY] [MONTH] [YEAR] [PRINT ADDRESS IN FULL AND PHONE NUMBER]

and whose Beneficiary number is _____, hereby request that a review be carried out
to determine whether the Beneficiary identified below is eligible to be enrolled on the Register under the Criteria set
out in Part 3.3 of the Labrador Inuit Land Claims Agreement.

The name and address of the Beneficiary I wish to have reviewed is:

_____, of _____,
[PRINT NAME IN FULL] [PLACE OF RESIDENCE]

The following are the reasons why I believe the Beneficiary identified above may not be eligible to be enrolled on the
Register: [GIVE AS MUCH DETAIL AS POSSIBLE. REFER TO FACTS AND THE CRITERIA, PRINT. USE EXTRA PAGES
IF NEEDED.] _____

I agree to provide further information if requested to do so by the Registrar or a Membership Committee.

I have made this request of my own free will without duress or the influence of any person, and I understand that a
copy of this request may be provided to the Beneficiary identified above.

DATED the _____ day of _____, 2_____, SIGNED by: _____
[DAY] [MONTH] [YEAR] [SIGNATURE]

Witness: _____ Witness's Name: _____
[SIGNATURE] [PRINT NAME IN FULL]

Witness's Address: _____
[PRINT ADDRESS IN FULL]

SCHEDULE F
(NGSL 2013-04)

**REGISTRAR'S REQUEST FOR A REVIEW OF THE ELIGIBILITY OF A
BENEFICIARY TO BE ENROLLED AS A BENEFICIARY**

To the Membership Committee

The Registrar of Beneficiaries hereby request that the Committee carry out a review to determine whether the Beneficiary identified below is eligible to be enrolled on the Register under the Criteria set out in Part 3.3 of the Labrador Inuit Land Claims Agreement.

The name, beneficiary number and address of the Beneficiary I wish to have reviewed are:

[PRINT NAME IN FULL] [BENEFICIARY NUMBER]

[ADDRESS]

The following are the reasons why I believe the Beneficiary identified above may not be eligible to be enrolled on the Register:

I forward with this request a copy of all relevant information held in the Registry

SIGNED by: _____ DATED the _____ day of _____, 2_____
[REGISTRAR OF BENEFICIARIES] [DAY] [MONTH] [YEAR]

SCHEDULE G
(NGSL 2018-15)

APPOINTMENT OF REPRESENTATIVE

This Form has two Parts. Both Parts must be completed.

The appointment is not effective until this form has been fully completed and filed with the Registrar.

PART 1: APPOINTMENT

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
AOP 1L0

I, _____, of
[PRINT NAME IN FULL]

[PRINT ADDRESS IN FULL AND PHONE NUMBER]

hereby appoint _____
[PRINT NAME IN FULL]

to act as my representative in connection with my Application with full power and authority to undertake and perform all acts necessary for or incidental to my Application.

My representative may, entirely in my place, make any request or give any document, notice, information or evidence; or receive any document, notice, information or evidence; or make any representation or submission to the Registrar, a Membership Committee or the Inuit Membership Appeal Board in connection with my Application.

I authorize the Nunatsiavut Government to release information relevant to my Application, including personal and private information, to my representative.

This appointment shall be effective on the date that my representative consents to act. I may at any time and in any manner revoke this appointment. This appointment terminates when my Application process is complete unless I revoke it sooner.

This appointment will continue to be effective even though I become incapacitated.

I have received the consent of _____ to act as my representative as appears from
[PRINT NAME OF REPRESENTATIVE]

Part II of this form below.

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE]

PART 2: CONSENT TO ACT AS REPRESENTATIVE

To the Registrar of Beneficiaries
Nunatsiavut Government
25 Ikajuktauvik Road
P.O. Box 70
Nain, Labrador
A0P 1L0

I, _____,
[PRINT NAME IN FULL]

hereby consent to act as representative of the Applicant for purposes related to the Applicant's application for enrolment as a Beneficiary of the Labrador Inuit Land Claims Agreement. I am of the full age of 19 years. I agree I will not charge or collect any fee for the representation unless I am eligible to do so as a practicing lawyer.

My address, e-mail address and phone number(s) are as follows: _____

[PRINT ADDRESS]

[PRINT E-MAIL ADDRESS]

[PRINT PHONE NUMBER(S)]

DATED the _____ day of _____, 2_____,
[DAY] [MONTH] [YEAR]

SIGNED by: _____
[SIGNATURE]

For Registrar's Use

| Reviewed/Approved | Verification | Information released | Other |
|-------------------|--------------|----------------------|-------|
| | | | |