

**REGULATION TO AMEND THE BENEFICIARIES ENROLMENT FORMS  
REGULATIONS**

*The Nunatsiavut Executive Council acting on the advice of the First Minister of the Nunatsiavut Government is pleased to enact the following regulations:*

**Authority**

1.

These regulations are made under clauses (d) and (g) of section 44 of the *Beneficiaries Enrolment Act*.

**Application Form Amended**

3.

The Application Form annexed as Schedule A to the *Beneficiaries Enrolment Forms Regulations* is deleted and replaced with “Schedule A to the *Beneficiaries Enrolment Forms Regulations*” attached hereto as Annex 1.

**Form to Request an Eligibility Review**

4.

The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new section 8 as follows:

**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.

5.

The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new Schedule E in the form attached hereto as Annex 2.

**Registrar’s Form to Initiate an Eligibility Review**

6.

The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new section 9 as follows:



## **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.

7.

**The *Beneficiaries Enrolment Forms Regulations* are amended by adding a new Schedule F in the form attached hereto as Annex 3.**

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**Annex 1**

**Schedule A to the Beneficiaries Enrolment Forms Regulations**

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# Annex 1 to the Beneficiaries Enrolment Forms Amendment Regulations (2013)



FOR OFFICE USE ONLY

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

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

### 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 so. If you do not know the answer to a question, say "I don't know". If you cannot answer, say so.
- ✓ 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 "***Kablunângajuit***" 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:  
**Registrar of Beneficiaries**  
**Nunatsiavut Government**  
**P.O. Box 70**  
**Nain**  
**Labrador, NL**  
**AOP 1L0**

709.922.2942 / don\_dicker@nunatsiavut.com  
Toll free number 1.888.922.2942

If you need help completing the Application Form or understanding the application process contact the Registrar of Beneficiaries at the address and phone number given above.

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

**PART 1: PERSONAL AND GENERAL (To be completed by all Applicants.)**

1.1 Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

1.2 Given Names: \_\_\_\_\_

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 Settlement 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  Affidavit or affirmation of your birth made by a relative  
 Baptism certificate

1.10 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



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

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.

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If **NO**, list the names of the 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.

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

If "Yes", please give your Beneficiary number: \_\_\_\_\_

1.12 Do you consider yourself to be an **Inuk** or **Kablunângajuk**?  **Inuk**  **Kablunângajuk**

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 and Number	P.O. Box	Community/Town
Province/Country		Postal Code

1.15 How long have you lived there? \_\_\_\_\_  
Years Months



1.16 Present Mailing Address:

Street and Number	P.O. Box	Community/Town
Province/Country	Postal Code	

1.17 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

1.18 Email Address \_\_\_\_\_

1.19 Designate which Regional Membership Committee you want to consider your Application by checking **ONE** of the following:

- I am most closely connected to the Nain **Region** or the **Region** north of Nain and request review by the Nain Membership Committee.
- I am most closely connected to the Hopedale **Region** and request review by the Hopedale Membership Committee.
- I am most closely connected to the Postville and Makkovik **Region** and request review by the Makkovik and Postville Membership Committee.
- I am most closely connected to the Rigolet **Region** or the lower Lake Melville **Region** of the Labrador Inuit Settlement Area and request review by the Rigolet and Lake Melville Membership Committee.

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 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.
- I am a Beneficiary who was enrolled as a minor who has turned 19, and I am reapplying under section 3.11.4 of the Agreement.

**PART 2: ANCESTRY (To be completed by all Applicants.)**

Please complete your family tree on the following 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.

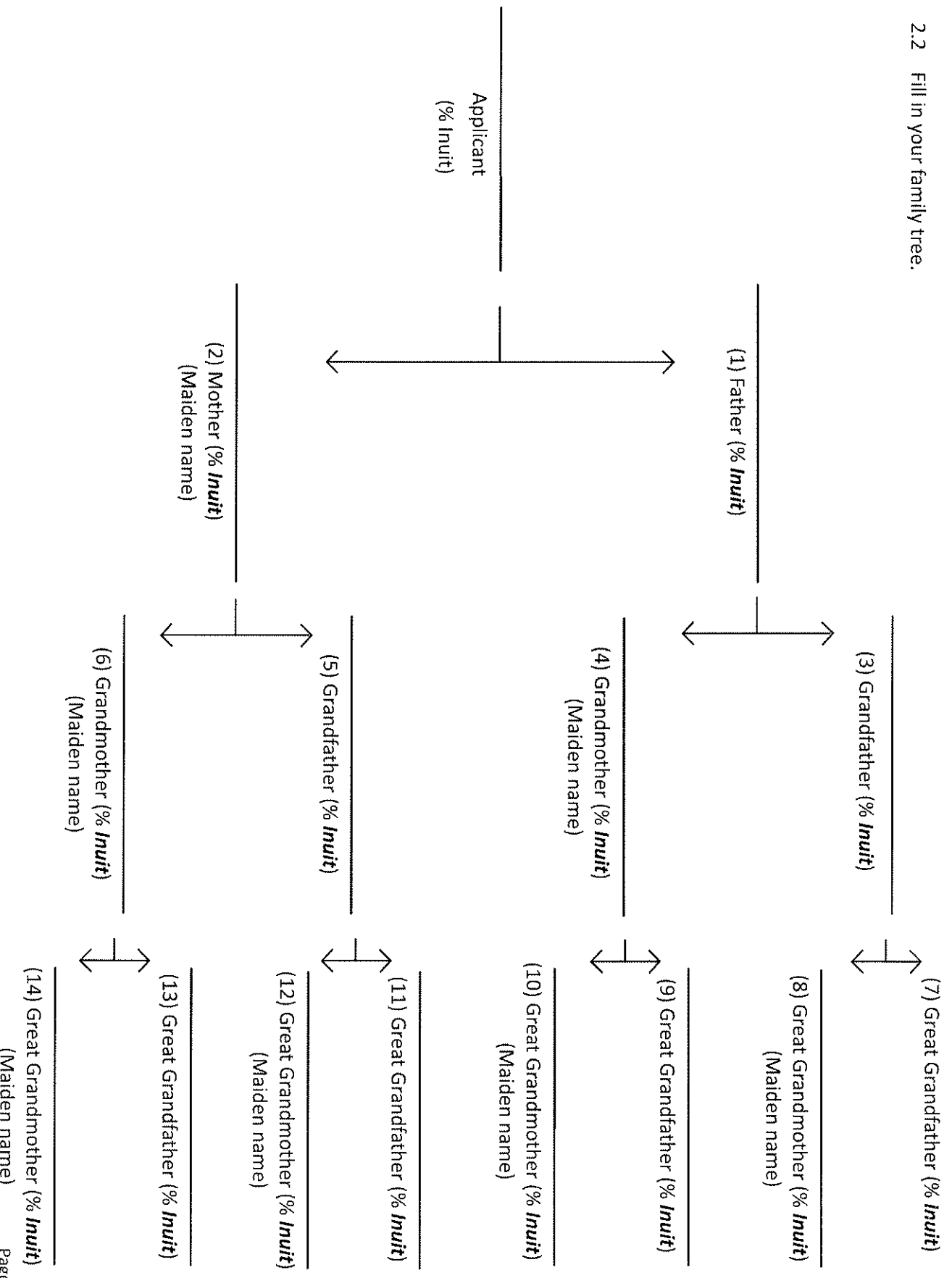




2.1 Give the following information about your ancestors: Include the original family name of everyone who has changed their name. For all women in your family tree you must give their original family (maiden) names. Note that (i) no person may have more than 100% *Inuit* ancestry and (ii) the numbers in the left column correspond to the numbers in the following table.

# 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 <i>Inuit</i> 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.



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.

(Note: This question does not have to be answered by Applicants who were born in the **Labrador Inuit Land Claims Area** and whose place of **Permanent Residence** is in the **Labrador Inuit Settlement Area**.)

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**PART 3: INUIT**

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

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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	Address	Phone



**PART 4: KABLUNÂNGAJUIT**

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

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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	Address	Phone

4.3 Are you are a *Kablunângajuk* who has no Inuit ancestry who has lived permanently in the *Labrador Inuit Settlement Area* since before 1940? Or are you a *Kablunângajuk* who has no Inuit ancestry who is descended from a person 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	Year 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 sections 3.3.2 or 3.3.4. of the Agreement. )**

- 5.1 A) If your permanent residence (given in 1.10) is not in the *Labrador Inuit Settlement Area* and you have less than 25% *Inuit* ancestry

Explain how you are "connected to" the *Labrador Inuit Settlement Area* or a *Region* of the *Labrador Inuit Land Claims Area*. See section 3.1.2(d).

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- 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.

Name	Address
Relationship	Phone
Name	Address
Relationship	Phone



C) Give the names, addresses and phone numbers of at least 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.

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Name	Address	Phone
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Name	Address	Phone
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5.2 A) Were any of your grandparents born in the **Labrador Inuit Land Claims Area**? If yes, give their names, dates and places of birth, place of Permanent Residence and if applicable their place of death.

Yes

No

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B) If a grandparent listed in (D) 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? If yes, give the names and addresses of the home or facility.

Yes

No



- 5.3 If you were not born in the **Labrador Inuit Land Claims Area** but one or more of your full siblings were, give the names and dates and places of birth of full siblings who are Beneficiaries and who are “connected to” the **Labrador Inuit Settlement Area** or a **Region** of the **Labrador Inuit Land Claims Area** under section 3.1.2 of the Agreement.
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**PART 6: DECLARATION OF WITNESSES**

6 A) 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 LAND 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

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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 **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.

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

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

Name	Address	Signature	Phone Number	Date

6 C) TO BE COMPLETED BY TWO (2) WITNESSES WHO ARE **INUIT** OR **KABLUNANGAJUIT** WHO LIVE IN THE **LABRADOR INUIT LAND 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 LAND CLAIMS AREA**.

We the undersigned declare that we know the applicant, \_\_\_\_\_  
and the applicant is connected to the **Labrador Inuit Land Claims Area** for the following reasons

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

Name	Address	Signature	Phone Number	Date



**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  
or Applicant's Parent or Guardian

\_\_\_\_\_  
Date

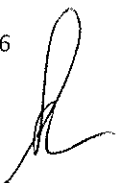
If this Application is made by the parent or guardian of a child or other person under a legal disability, please sign and date the Declaration above and provide your name, address and phone number, and state the capacity in which you are acting on behalf of the Applicant. If you are the Applicant's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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address



**Annex 2**

**Schedule E to the Beneficiaries Enrolment Forms Regulations**

**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  
A0P 1L0

I, \_\_\_\_\_, the undersigned,  
[PRINT NAME IN FULL]  
born the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_  
[DAY] [MONTH] [YEAR] [PRINT ADDRESS IN  
FULL]

\_\_\_\_\_,  
and whose Beneficiary enrolment 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.]

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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\_\_\_\_\_,  
[DAY] [MONTH] [YEAR]

**SIGNED** by: \_\_\_\_\_  
[SIGNATURE]

**Witness:** \_\_\_\_\_,  
[SIGNATURE]

Witness's Name [Print] \_\_\_\_\_

Witness's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Annex 3

Schedule F to the Beneficiaries Enrolment Forms Regulations

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

To the **[Insert name of committee]** 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:

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

DATE: \_\_\_\_\_

**Registrar of Beneficiaries**

