Per Capita Distribution Claim Form | December 2017

Pleas	se Indicate: Pick up 🔲 Mail o	ut Treat	Number: 436-	
Section 1: Individual Claim				
Registe	red Name:			
Mailing	Last Address:		First	Middle
	Street Address	City/Town	Province	Postal Code
Telephone Number:(
Type of Identification Provided:				
Dependent Children: YES NO If YES, complete Section 2 & 3 If NO complete Sections 1 & 3				
Only	on 2: Dependent Claim one custodial parent can claim for a de nistration will require supporting legal Child Custody Designati	documentation identifying on Codes: A - Dependent	custodial parent for the cho	eque process to be completed. ant identified in Section 1
		J	CUSTOD	
	LAST NAME	FIRST NAME	CODE	TREATY NUMBER
1				436 -
2				436 -
3				436 -
4				436 -
5				436 -
6				436 -
7				436 -
8				436 -
9				436 -
10				436 -
I	on 3: Waiver of Liability ; hereby colliable for fraudulent actions if the a			orrect and I understand I will be and including criminal charges.
Claimant Signature Date				
PCD I	dministration Use Only Reception Verification of Depender	t Information:	Date	Signature
Cheque Number:				
Cheque Distributor Signature: Date:				

All Piikani Nation Members must fill out this claim form to be eligible to receive their PerCapita Distribution payment.

Forms can be submitted in person, via fax, email and mail. Please ensure you have attached all required documentation.

Deadline for forms to be completed if claiming for dependents: December 8, 2017, otherwise there will be a delay in processing the payment.

INCOMPLETE forms will **NOT** be processed

DISTRIBUTION DATES & TIMES

December 13: 10:00am - 8:00pm December 14: 10:00am - 6:00pm December 15: 10:00am - 4:00pm **LOCATION: Piikani Community Hall**

CHEQUES WILL BE MAILED OUT DECEMBER 18, 2017 Copy of identification must be submitted if requesting for mail out WHAT YOU NEED

- ✓ KNOW Your Treaty Number
- ✓ For security purposes, Government issued Photo ID is required
 - Cheques will not be released unless identification is verified
- ✓ Legal guardians must submit legal documentation

THINGS TO KNOW

- ✓ ZERO tolerance for third party cheque pick up
- ✓ Cheques are generated directly from the Piikani Nation Membership List
- ✓ If you require your payment to be issued in a different legal name, you must provide proof of name change and register your new name with the Piikani Membership Office
- ✓ Payments for Minors will be issued to the parent registered with Piikani Membership

NEW MEMBERSHIP: CHILD REGISTRANTS ONLY, <u>Deadline</u>: DEC. 13, 2017
ZERO TOLERANCE FOR ABUSIVE BEHAVIOUR

For more information and to submit forms:

Email: percapita@piikanination.com Mail: Box 70, Brocket, AB T0K0H0 Fax: 403-965-2214

Office: 403-965-3940