

CKSPFN DISTRIBUTION 2020

DEPENDENTS PAYMENT REQUISITION FORM

List all dependents (17 & Under) in your custody/care. (Those turning 18 on Dec. 7/2020 will receive own Cheque.)

**All non-registered dependents will be verified by CKSPFN Membership Clerk before payment processing.

	Dependents – Full Legal Name	Birthdate	Band # (10 DIGITS)
1			171-
2			171-
3			171-
4			171-
5			171-
6			171-
7			171-

****Cheque will be payable to claimant****

- Claimant is parent or Legal guardian with whom dependents live. Proof will be required.
- By signing this form you are stating that all dependents listed reside with you and are in your custody/care.

CLAIMANT INFORMATION

Full Legal Name: _____

Birthdate: _____ Band #: _____

Email: _____ Phone #: _____

Address: _____

Mailing Address: _____

Claimant Signature: _____ Date: _____

Relationship to above dependents(s): _____

*Status Parent to sign if Dependents
Guardian is non Status: _____

PICK UP / OR MAIL OUT
(circle which one applies)

Parents Band #: _____

PLEASE INCLUDE COPY OF BAND CARD FOR EACH INDIVIDUAL CLAIMED!

COMPLETED FORM CAN BE DROPPED OFF AT THE ADMINISTRATION BUILDING OFFICE OR FAXED TO 519-786-2125. FORM MAY ALSO BE EMAILED TO: Shannon.bressette@kettlepoint.org

Chippewas of Kettle & Stony Point Administration
6247 Indian Lane
Kettle & Stony Point FN, Ontario N0N 1J1
Phone: (519) 786-2125

*Membership Clerk: Corrina Jackson – corrinda.jackson@kettlepoint.org

THIS SECTION TO BE COMPLETED BY CKSPFN ADMIN. STAFF

Membership Verified: _____ Finance Dept.: _____ Chq Amt.: \$ _____