

CKSPFN CLENCH DISTRIBUTION 2022 - DEPENDENTS PAYMENT REQUISITION FORM

List all dependents (17 & Under) in your custody/care. (Those turning 18 on Jan. 8/2023 will receive own Cheque.)

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

****Cheque/EFT 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: _____

Parents Band #: _____

PICK UP / OR MAIL OUT
(circle which one applies)**PLEASE INCLUDE COPY OF BAND STATUS CARD OR ID FOR EACH INDIVIDUAL CLAIMED!****COMPLETED FORM CAN BE DROPPED OFF AT THE ADMINISTRATION BUILDING OFFICE OR FAXED TO 519-786-2108. FORM MAY ALSO BE EMAILED TO: community.distribution@kettlepoint.org****Chippewas of Kettle & Stony Point Administration****6247 Indian Lane****Kettle & Stony Point FN, Ontario N0N 1J1****Phone: (519) 786-2125*****Membership Clerk: Corrinnda Jackson – corrinnda.jackson@kettlepoint.org****THIS SECTION TO BE COMPLETED BY CKSPFN ADMIN. STAFF**

Membership Verified: _____

Finance Dept.: _____

Chq Amt.: \$ _____

***Cut off time: December 12, 2022 at Noon for payment in December. Applications received afterwards will be processed in the new year starting January 9, 2023. Final date is March 31, 2023, afterwards 100% of funds will be transfer to the dependents trust account.**