

Ratification Vote Application Form B: For Use By Other Eligible Voters

If you have any questions regarding this application form please contact the Ratification Officer at:

Stephanie Connors, GKD Ratification Officer
Box 2850
The Pas, MB R9A 1M6
Email: gkdratificationofficer@gmail.com
Phone: (204) 620-2998

Section A – Personal Information of Applicant

1. Name of Applicant

_____	_____	_____
First Name	Middle Name	Last Name

2. Applicant Information

Date of Birth:

3. Contact Information of the Applicant

Mailing Address:

Email Contact:

Phone Number:

Do you consent to the release of your name and contact information to Sayisi Dene First Nation and Northlands Denesuline First Nation for the purposes of providing more information regarding the Ghotelnene K'odtineh Dene Agreement (please check one box only):

- Yes
 No

Section B – Eligibility Criteria

4. Part A:

a) Is your name entitled to be on the Band List of Sayisi Dene First Nation or Northlands Denesuline First Nation? (Please check one box only):

- Band List of Sayisi Dene First Nation;
- Band List of Northlands Denesuline First Nation; or
- No

If you selected no, please complete b)-d) as applicable.

b) Were you adopted as a child under laws recognized by Canada or Denesuline custom, by an individual on, or entitled to be on, the Band List of Sayisi Dene First Nation or Northlands Denesuline First Nation?

- Yes; or
- No

c) Are you a descendant of an individual:
i) on, or entitled to be on, the Band List of Sayisi Dene First Nation or Northlands Denesuline First Nation, or
ii) adopted as a child under laws recognized by Canada or Denesuline custom by an individual on, or entitled to be on, the Band List of Sayisi Dene First Nation or Northlands Denesuline First Nation?

- Yes; or
- No

d) Are you a descendant of a Denesuline individual who was on the Band List of: (please check one box only)

- Barren Lands Band at the signing of Treaty 10 on August 19, 1907;
- Fort Churchill Band at the adhesion to Treaty 5 on August 1, 1910; or
- No

5. Part B: Please describe your family history to support your answer in 4 and include any supporting documents.

Note: A family history chart is provided below to assist you in completing your answer. The family history chart is not mandatory.

Part B – Family History

5. Family History of Applicant:

The form is a family history flowchart. It starts with the Applicant (green box) at the bottom left. Lines connect to the Mother (orange box) and Father (blue box). From the Mother, lines connect to her Grandfather (orange box) and Grandmother (orange box). From the Father, lines connect to his Grandfather (blue box) and Grandmother (blue box). Each Grandfather and Grandmother box is connected to two Great-grandfather and Great-grandmother boxes respectively. To the right of each Great-grandfather and Great-grandmother box is a set of three stacked data entry boxes. The Mother's side (orange) has 12 boxes, and the Father's side (blue) has 12 boxes.

Provide the following information:
a - Full Name,
b - Date of Birth, Place of Birth
c - Date of Death

6. Part E: Enrollment Under another Land Claim Agreement, Self-Government Agreement or other Band List?

Are you enrolled under another land claim agreement in Canada? (Please check one box only):

- No, I am not enrolled under another land claim agreement.
- Yes, I am enrolled under another land claim agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Are you enrolled under a Self-Government Agreement in Canada? (Please check one box only):

- No, I am not enrolled under a Self-Government Agreement.
- Yes, I am enrolled under a Self-Government Agreement.

If you selected “Yes”, you are not currently eligible to participate in this vote.

Is your name on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation?

- No, my name is not on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation.
- Yes, my name is on a Band List, other than the Band List for Sayisi Dene First Nation or Northlands Denesuline First Nation.

If you selected “Yes”, you are not currently eligible to participate in this vote.

7. Part F: Information Provided by Applicant

By signing below, I consent to the release of the information contained in this application to the Ratification Committee to verify my personal information and to determine my initial and continued eligibility to participate in the ratification vote. I also consent to the release of this application to the enrollment registrar for the purposes of enrollment should the Ghotelnene K’odtineh Dene Agreement come into effect.

8. Desired Manner of Obtaining a Copy of the Agreements

- I would like a physical copy of the Ghotelnene K’odtineh Dene Agreement, the Trust Agreement and all related documents.

- I would like a digital copy of the Ghotelnene K'odtjneh Dene Agreement, the Trust Agreement and all related documents.

9. Should the Ghotelnene K'odtjneh Dene Agreement be successfully ratified:

- Yes, I authorize the enrollment registrar to enroll me under the Ghotelnene K'odtjneh Dene Agreement.
- No, I do not authorize the enrollment registrar to enroll me under the Ghotelnene K'odtjneh Dene Agreement.

Nothing precludes an individual from enrolling or withdrawing their enrollment at a later time.

Section C – Signature of Applicant

I certify that the information provided is, to the best of my knowledge, true, correct and complete.

_____ Print Name	_____ Signature	_____ Date
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Return this form to the Ratification Officer by the email listed above.

Complete all information requested in this form. This form must be completed in full to avoid any delays in processing. The Ratification Officer may request additional information to process this application. The onus is on the Applicant to notify the Ratification Officer of any changes to the information requested on this form.