GITXAAŁA NATION

PO Box 149 11 Ocean Drive Kitkatla, BC V0V 1C0 Phone 250.848.2214 Fax 250.848.2238

First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month/Day/Year _____ 672 Status Number

Mailing Address: (This is where the EFT remittance or payment information will be mailed to:)

Apartment # _____ Street # _____ Street Name _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email Address _____

Dependants (17 and Under)
The child(ren) must be in your care to be eligible to receive the payments for them.
If there are duplicated submissions for the child(ren) the payment for the child will be withheld until the parents reach an agreement.
The agreement must be submitted in writing and signed by both parents.(an email from both parents is acceptable)

Who will be claiming the child(ren)? _____

Dependents information:

Full Name	Date of Birth	Age	Status Number

Form of Payment: Void Cheque or direct deposit from your instituition Must be attached to this form.

Direct Deposit ☐ Cheque ☐

Applicant Signature _____ Date of Application _____

Please email completed application to : distribution@gitxaalanation.com

Questions please call: Continuous Learning Centre: 250-624-2422