



Flying Dust First Nation IR 105 CPR Specific Claim Per Capita Distribution Request and Release

Name

First Name

Last Name

Birthdate

Month Day Year

Phone Number

Please enter a valid phone number

Indian Status Registration Number

Address

Street Address

City

State / Province

Postal / Zip Code

BANKING INFORMATION

- I have previously sent in my banking information and it has not changed.
- My banking information has recently changed and I will send my updated banking information to membership@flyingdust.net
- I agree to release the First Nation and its Council from any loss of personal or family benefits or entitlement under any federal or provincial government program that provides funding to its individuals and/or their family members relating to social assistance, employment insurance or pension benefits as a consequence of the request for and delivery of the Per Capita Payment.

Signature

Date