

Applicants are required to have participated in and completed a personal financial management workshop of their choice.

Certificate or Notice of Confirmation (attach a copy): _____

Date of Completion (M/D/Y): _____

BANKING INFORMATION

For funds to be direct deposited in to your bank account, please ensure the following information is correct and provided in full.

Financial Institution/Bank: _____ Branch Name: _____
Branch Number: _____ Account Number: _____
 Chequing Savings
Address: _____
City/Town: _____
Province: _____

DISCLOSURE STATEMENT

Are you aware of any information about yourself that might reflect negatively regarding your Minor’s Trust Endowment payment? Please explain:

YOUR SIGNATURE BELOW AUTHORIZES FORT NELSON FIRST NATION TO:

1. Verify all information on application,
2. Conduct a criminal record check,
3. Investigate any extenuating circumstances and,
4. Release Fort Nelson First Nation from future obligation concerning Minor’s Trust.

Applicant’s Signature

Date

IMPORTANT: Please ensure your application is completed in its entirety. This avoids delaying the application process. Any incomplete forms will be sent back to the applicant for completion.

MAIL COMPLETED FORMS TO:

**ERIN LONGSTAFF, CLERK TO COUNCIL
FORT NELSON FIRST NATION: ADMINISTRATION DEPARTMENT
RR1 MILE 295 ALASKA HIGWAY
FORT NELSON, BC V0C 1R0**

CONFIRMATION OF CREDIT CHECK

Part 1: Confirmation of Credit Check – CLEARED

I, _____, FNFN Accounts Receivable Clerk, Finance Department hereby verify that _____.
Name Applicants Name
does not owe FNFN any money; therefore, is debt-free with FNFN.

FNFN Accounts Receivable, Finance Department

Date

Part 2: Confirmation of Credit Check – OUTSTANDING DEBT

I, _____, FNFN Accounts Receivable Clerk, Finance Department hereby verify that _____.
Name Applicants Name

Has an outstanding debt owing to FNFN:

1. \$ _____; 2. Reason for debt owing: _____

FNFN Accounts Receivable, Finance Department

Date