MAMALILIKULLA FIRST NATION

2025 CHRISTMAS DISTRIBUTION APPLICATION FORM

***NOTE*: EACH REGISTERED MEMBER OF MAMALILIKULLA FIRST NATION AGED 18 YEARS OF AGE OR OLDER MUST COMPLETE AN APPLICATION FORM TO RECEIVE A DISTRIBUTION**

APPLICANT INFORMATION:

Full Legal Name: _____

Status #: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

MINOR CHILDREN:

*List all minor children in your custody/care on whose behalf you are applying for a distribution.

*Note: **proof of legal guardianship and/or proof of custody must be provided** with this completed application form and must be verified by Mamalilikulla First Nation before payments will be processed.

Full Legal Name	Status #	Date of Birth	Relationship to Applicant

METHOD OF PAYMENT:

Cheque ___ Direct Deposit* ___

*If you are a new applicant or if you have a new bank account, you MUST provide a void cheque or Direct Deposit Form.

ACCEPTANCE OF RESPONSIBILITY, WAIVER, AND INDEMNITY IN RESPECT TO MINOR CHILDREN:

NOTE: *PLEASE REVIEW CAREFULLY AS THIS SECTION OF THE APPLICATION MAY AFFECT YOUR LEGAL RIGHTS

To be completed by the Applicant: Please place your initials in the spaces indicated below to confirm that by signing this application form below, you understand, agree, and acknowledge the following:

Initial____: By signing this application form below, I confirm that I am a registered member of the Mamalilikulla First Nation and am eligible to receive a distribution.

Initial____: By signing this application form below, I acknowledge and agree that I am the parent or legal guardian of each of the minor children listed above, and that each of the minor children listed above resides with me and is lawfully in my custody/care.

Initial____: By signing this application form below, I acknowledge and agree that I am required to use all of the distribution funds received on behalf of the minor children listed above solely for their benefit, maintenance and upbringing.

Initial____: By signing this application form below, I acknowledge and agree that I am solely responsible and liable for the use and management of all distribution funds received by me on behalf of the minor children listed above.

Initial____: By signing this application form below, I acknowledge and agree that if I fail to use and manage the distribution funds for the minor children listed above solely for their benefit, maintenance, and upbringing, the child(ren) may have the legal right to pursue a claim against me, including court proceedings, to recover those funds once they reach the age of majority.

Initial____: By signing this application form below, I agree to release and waive any and all claims that I have, may have, or have ever had against Mamalilikulla First Nation of any nature relating in any way to any and all distributions applied for and/or received on behalf of the minor children listed above.

Initial____: By signing this application form below, I agree to indemnify and save harmless the Mamalilikulla First Nation, its Council, staff, employees, agents and all others on behalf of the Mamalilikulla First Nation against any loss, damages, claims, expense, or or liability of any kind relating to the management or use of any distributions received by me on behalf of the minor child(ren) listed above.

Initial____: By signing this application form below, I confirm that I have read this application form and know and fully understand its contents, and I have had the opportunity to obtain independent legal counsel regarding the contents of this application form and in particular the consents, waivers, and indemnities set out above**.**

SIGNATURE OF THE APPLICANT:

This application form must be signed by the Applicant in the presence of a witness. Both the Applicant and witness must sign and print their names below where indicated. Please add the date that the application form was signed below.

Date: _____

Witness Signature:

_____

Witness Name (print):

_____

Applicant Signature:

_____

Applicant Name (print):

_____

*****Completed application form must be submitted with the following documentation:******

□ ID Documentation (for minor children, please provide copies of their health cards)

□ Where applicable, proof of guardianship documentation;

□ Where applicable, proof of custody documentation;

□ Where applicable, direct deposit information

To be completed by Mamalilikulla Administration Staff:	
Dependents verified by _____ Application approved by _____	Date: _____ Date: _____