



ESKASONI CHRISTMAS DIVIDEND

Application for 2024

We continue to verify information and verify that all information is accurate within agencies/departments.

I, _____ ESKASONI BAND # __0230_____, am applying for the 2024 dividend check @ 300.00 per person in the amount of \$_____, according to the information provided. I give permission to Eskasoni First Nation to verify the information provided.

I AM INCLUDING MY SPOUSE IF APPLICABLE AND THE FOLLOWING CHILDREN NAMES UNDER MY CARE/TRUSTEES:

NAME: _____ BAND# _____ NAME: _____ BAND# _____

NAME: _____ BAND# _____ NAME: _____ BAND# _____

NAME: _____ BAND# _____ NAME: _____ BAND# _____

NAME: _____ BAND# _____ NAME: _____ BAND# _____

NAME: _____ BAND# _____ NAME: _____ BAND# _____

FILL ALL BAND NUMBERS FOR EACH INDIVIDUAL

APPLICANT SIGNATURE : _____ DATE: ____/____/24 verify that all information is accurate, please provide an up to date address and contact info if we require to call for additional information.

NAME: _____

ADDRESS: _____ Apartment # _____

City: _____ Province: _____ Postal code: _____

Telephone #: _____

PLEASE COMPLETE THIS AREA FULLY AND PRINT TO BE LEGIBLE

Please fill out all areas and make sure you include apartment numbers, band numbers and postal codes. (legible)

In order to prevent any delays in processing your applications all documents to be returned to the band office immediately, or email: eskasoniband@eskasoni.ca. If you require further information feel free to contact the Eskasoni Band Council at (902)379-2800.