

BAND TRANSFER REQUEST

- STATEMENT OF CONSENT-

Name:	
Address & Telephone Number:	
Date of Birth:	Registry Number:
Current Band:	Transfer to Band:

(Transfer of minor child(ren), please list below:**)

Date of Birth

Signature of Transferee:	
_____	_____
	Date
_____	_____
	Date

**IN CASE OF MINOR CHILD(REN) BOTH PARENTS MUST SIGN THE REQUEST FOR TRANSFER

ORIGINAL MUST BE SENT TO:

Governance & Band Administration, Box 1500, YELLOWKNIFE, NT X1A 2R3

TOLL FREE: 1-888-414-4340