



Paqtnkek Band Member Benefit Program Application

Finance Use Only

Date Posted: _____
 Posted by: _____
 Date Pd: _____
 DD #: _____

Applicants Name: _____

Paqtnkek Band Number: _____

Date of Birth: Day _____ / Month _____ / Year _____

Email: _____

Civic Address: _____

City: _____ Province: _____

Postal Code: _____

Direct Deposit:

If you have updated banking information, please provide us with the new banking information. If there were no changes, finance will use the banking information on file.

Banking Information:

- 1) Institution Number: _____ (3 digits)
- 2) Transit Number: _____ (5 digits)
- 3) Account Number: _____ (between 6 to 16 digits)

****Trust Fund-** list all your children along with their band number and date of birth.

Name of Dependent	Band Number (10 digits)	Date of Birth





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Paqtnkek First Nation Registered Band Members who are 18 as of December 10th, will be eligible for \$400 per person. Anybody under the age of 18 will be eligible for \$250. Applications must be fully completed by December 10th to ensure that all direct deposits are processed on time.

All applications may be emailed to delphine.gould@paqtnkek.ca or dropped off to Paqtnkek Mi'kmaw Nation's Band office.

By signing this I certify that I am registered band member of Paqtnkek Mi'kmaw Nation to verify and use the above information to process my application for Paqtnkek Mi'kmaw Nation Member Benefit Program.

Signature of Applicant: _____

Date: _____

