



## Tla'amin Nation Christmas Dividend 2020

### Applicant Details

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *City*

\_\_\_\_\_ *Province* *Postal Code* *Phone*

Email: \_\_\_\_\_  
Status/Citizenship  
Number (required): \_\_\_\_\_

\*Spousal information required **only** if Spouse is applying on this application and is registered with/holds Tla'amin Nation Citizenship

Spouse's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Status/Citizenship  
number \_\_\_\_\_

### Dependent Details

Please list children under the age of 18 that are **registered** with Tla'amin Nation or hold Tla'amin Citizenship, and who you are the legal guardian of.

Full Name: \_\_\_\_\_  
*Last* *First* *DOB* *Status/Citizenship*

Full Name: \_\_\_\_\_  
*Last* *First* *DOB* *Status/Citizenship*

Full Name: \_\_\_\_\_  
*Last* *First* *DOB* *Status/Citizenship.*

Full Name: \_\_\_\_\_  
*Last* *First* *DOB* *Status/Citizenship*

### Banking Details

If your banking details have changed from your last application for the Healthy Living Dividend 2020 please attach a **new** Direct Deposit form.

Cheque: \_\_\_\_\_ ( ) Pick up  
( ) Please Mail

Direct Deposit: \_\_\_\_\_ ( ) Banking Details are the same as HLD2020  
( ) New Banking Details – Direct Deposit form attached.

Please submit applications via email [dividends@tn-bc.ca](mailto:dividends@tn-bc.ca) or mail to 4779 Klahanie Rd, Powell River, BC V8A 0C4, or Fax: +1 778-762-5245