



### BAND TRANSFER REQUEST STATEMENT OF CONSENT

#### Privacy Act Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Personal information that you provide on this form is protected under the *Privacy Act*. We may share the personal information you provide as outlined under Personal Information Bank AANDC PPU110 (Info Source <http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected is retained by the Department for 30 years after the last administrative action and then transferred to Library and Archives Canada (or as described in the Personal Information Bank). As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. If you have questions or wish to notify us of incorrect information, you may call us at 1-800-567-9604. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

#### 1. INFORMATION ON PERSON TO BE TRANSFERRED *(Information in bold is mandatory)*

|   |  |  |                     |        |
|---|--|--|---------------------|--------|
| <b>Surname</b> <i>(as it appears in Indian Register):</i>                             |  | <b>Given Name</b> <i>(as it appears in Indian Register):</i> |                     | Alias: |
| <b>Date of Birth:</b><br><i>(YYYY/MM/DD)</i>  | <b>Band Name:</b>                      | <b>Registration Number</b> <i>(10-digits):</i>               |                     |        |
| <b>Contact Information</b>  |  |  |                     |        |
| <b>Mailing Address:</b><br><i>(Apartment No., Street No., Street, City, P.O. Box)</i> |  |  |                     |        |
| Telephone Number:<br><i>(Home)</i>  | Telephone Number:<br><i>(Business)</i> | <b>Province or Territory:</b>                                | <b>Postal Code:</b> |        |

#### 2. PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION: *(If the person to be transferred is a child 15 years or younger or a dependent adult both parents or legal guardian must sign).*

|  |                   |  |  |        |
|--|-------------------|--|--|--------|
| <b>1. Surname</b> <i>(as it appears in Indian Register):</i> |                   | <b>Given Name</b> <i>(as it appears in Indian Register):</i> |  | Alias: |
| <b>Date of Birth:</b><br><i>(YYYY/MM/DD)</i>                 | <b>Band Name:</b> | <b>Registration Number</b> <i>(10-digits if applicable):</i> |  |        |
| <b>2. Surname</b> <i>(as it appears in Indian Register):</i> |                   | <b>Given Name</b> <i>(as it appears in Indian Register):</i> |  | Alias: |
| <b>Date of Birth:</b><br><i>(YYYY/MM/DD)</i>                 | <b>Band Name:</b> | <b>Registration Number</b> <i>(10-digits if applicable):</i> |  |        |

#### 3. BAND TRANSFER REQUEST DETAILS:

This is to confirm, \_\_\_\_\_, is requesting to transfer their name from the  
*(Full name of person to be transferred)*  
\_\_\_\_\_ Band List/Registry Group, as recorded in the Indian Register,  
*(print band name clearly)*  
to the \_\_\_\_\_ Band List/Registry Group.  
*(print band name clearly)*

**Applicants are to ensure a Band Council Resolution from the admitting band is submitted with this form.**

#### 4. APPLICANT'S DECLARATION:

I \_\_\_\_\_, request to have the Indian Register updated with the above information. I solemnly declare that all information contained on this form is true, and all supporting documentation provided is unaltered. I have read and understand the *Privacy Act* Statement.

Applicant's Signature \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_  
*Parent or Legal Guardian if applying on behalf of a child*

Other Parent or Legal Guardian Signature: \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_

Indian Registration Administrator (IRA) Name: \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_

Band Initiator Code: \_\_\_\_\_ Band Name: \_\_\_\_\_ IRA Signature: \_\_\_\_\_