

Mosquito, Grizzly Bear's Head, Lean Man First Nation ADVANCE-Agricultural Benefits Claim

If there is an appeal, this will be on hold until 2025

DEADLINE TO APPLY: DECEMBER 20th, 2024 - NOON

DIRECT DEPOSIT ONLY - NO CHEQUES WILL BE PROVIDED

PART ONE: Application for ADVANCE of AGRICULTURAL BENEFITS CLAIM

MUST BE SIGNED BY PERSON APPLYING

WILL NOT ACCEPT OVER THE PHONE APPLICATIONS

Name/Parent/Guardian: _____ STATUS #: 343 _____

Child Name # 1: _____ AGE: _____ STATUS #: 343 _____

Child Name # 2: _____ AGE: _____ STATUS #: 343 _____

Child Name # 3: _____ AGE: _____ STATUS #: 343 _____

Child Name # 4: _____ AGE: _____ STATUS #: 343 _____

Child Name # 5: _____ AGE: _____ STATUS #: 343 _____

Address: _____

Email: _____

Phone #: _____

Did you attach proof of **UP TO DATE** guardianship for child/ren? YES (NO EXCEPTIONS)
(CTB FORM/Letter from School/Family Doctor/Child Services)

Has your banking information changed since 2024 Xmas Distribution? YES NO

I, understand that this payment is an ADVANCE and I consent to be deducted from the Agricultural Benefits total payout amount.

YES NO

SIGNATURE: _____

Please send VOID cheque if your banking information has changed.

EMAIL ALL DOCUMENTS TO:

directdeposit@mosquitofn.ca

Do not send more than one application.

PART TWO: Office Use Only

Band Member Status Confirmed: YES NO INITIAL: _____

Proof of Guardianship attached?: YES NO INITIAL: _____

Amount approved: _____

Payment Made by: EFT

Date payment was made: _____ INITIAL: _____