



Misipawistik Cree Nation

P.O. Box 500, Grand Rapids, Manitoba R0C 1E0

Ph: (204) 639-2219 / 2485 / 2486 / 2203 Fax: (204) 639-2503

MISIPAWISTIK CREE NATION DECEMBER 2018 TRUST PAYMENT

ADULT BAND MEMBER'S CONSENT AND RELEASE FORM FOR THE DECEMBER 2018 MISIPAWISTIK TRUST PAYMENT

I, _____, a registered member of the Misipawistik Cree Nation hereby acknowledge payment to me by the Misipawistik Cree Nation in the amount of \$_____, being the Per Capita Payment distributed on December 19, 2018.

Upon signing this consent form, I hereby release and forever discharge the Misipawistik Cree Nation from any claim I have, had or may have respecting the disbursement and management of the "Per Capita Payment" referred to in the Trust Agreement.

DATED THIS 19TH DAY OF DECEMBER 2018.

Signature: _____ **Status No.** _____

Witness: _____

Please provide contact number, should there be an issue with forms:

Phone Number: _____



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OFFICIAL RECEIPT

For the sum of \$ _____

Cheque No. _____

I acknowledge receiving the above amount on behalf of MYSELF, and my ELIGIBLE CHILDREN:

NAME	REGISTERED NUMBER

DATED THIS 19th DAY OF DECEMBER, 2018.

SIGNATURE: _____

WITNESS: _____

NOTE: IF YOU ARE RECEIVING PAYMENT ON BEHALF OF ANY CHILD(REN) PLEASE FILL IN ALL INFORMATION.



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REQUEST FOR PAYMENT ARRANGEMENTS

Circle one of the following:

MAIL OUT

PICK UP IN PERSON

Mailing Address

**PLEASE COMPLETE ALL THREE (3) FORMS AND FAX THEM TO
1-204-639-2503**