## 

\*\*\*\* Esk'etemc - Tsqewt Distribution Program Enrollment Form \*\*\*\*

Per *Esk'etemc Distribution Policy* section 10.1, Esk'etemc will withhold distribution shares of a member with an unpaid debt owed to Esk'etemc and will apply the distribution shares of the member towards the member's debt until paid in full. It is the member's responsibility to prove he or she is not indebted to Esk'etemc. If the member provides information, but there is still a dispute the matter may be referred to a neutral party for resolution. Per *Esk'etemc Distribution Policy* section 11.1, Esk'etemc must pay a Member's Distribution Share on a Distribution Date as directed in a court order made, among other things, under the Family Maintenance Enforcement Act, R.S.B.C. 1996. C, 127.

To be completed only if you are applying for your Esk'etemc Registered Children/Dependants, under 18 years old, to be enrolled in the Minors Trust. An Esk'etemc Status Number is required for a Minor Distribution. Status Number must be provided within 6 months in the case of newborn Eligible Esk'etemc members.

Full Legal Name	Esk'etemc Status Number	Date of Birth (MM/DD/YY)
	7110/ / / / /0/	
	7110/ / / / /0/	
	7110/ / / / /0/	
	7110/ / / / /0/	
	7110/ / / / /0/	
	7110/ / / / /0/	

## PLEASE READ THIS DECLARATION BEFORE SIGNING

I declare that the information I have provided in this application is complete and correct in order to verify that I am eligible to be enrolled in the Esk'etemc Tsqewt Distribution Program, according to the Esk'etemc Distribution Policy. I understand that Esk'etemc can, and may, verify or confirm the recipient or guardian information for members who are minors. I understand that failing to fully complete the distribution application will result in non-enrollment in the Tsqewt Distribution Program until this form is complete and signed by the appropriate Esk'etemc staff member. I understand, and agree, that if my form is not complete prior to a Distribution Date I will not receive a Distribution Payment, no exceptions. As well, I agree that by signing this Enrollment Form I release Esk'etemc from any obligation to make additional payments to me through its Tsqewt Distribution Program and will not make any demands for Esk'etemc to do so.

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- a. Drop off to Esk'etemc Administration office at 1003 Esk'et Drive, Alkali Lake
- b. Mail to P.O. Box 157, Alkali Lake, BC VOL 1B0 Attention: Esk'etemc Distribution Program

icant Signature:		Date:
nis Section for Internal Office Use Only		
ate initial application received in sk'etemc office	Verified By (Print Name)	Approval Signature
f errors were detected and application	was not approved, please describe:	