



# Withdrawal Notice

Enrolment, Department of Client Services

PO Box 412, Behchokq, NT X0E 0Y0

Tel: 867.392.1700 ext. 1703/1706 • Fax: 867.392.6884

Email: [enrolment@tlicho.ca](mailto:enrolment@tlicho.ca) • Website: [www.tlicho.ca](http://www.tlicho.ca)

## Notice of your withdrawal and/or transfer to the Enrolment Coordinator

1. By checking the boxes below, you are authorizing your withdrawal at a Tłıchq Citizen and/or Band Transfer to another band.

I am withdrawing as a Tłıchq Citizen

Transferring to another band.

2. Your full Name:

3. Your information:

Email:

Date of Birth:

Phone No.:

Treaty Status Number:

Mailing Address:

4. Land Claim Agreement and Band Information:

Name of Land Claim Agreement:

Name of Land Claim Agreement to transfer to:

Tłıchq Land Claims and Self Government Agreement to

Name of Band Affiliated with:

Name of Band to transfer to:

to

5. Contract information for Land Claim Agreement and Band:

Land Claim Agreement Contact Person:

Email:

Phone Number:

Band Contact Person:

Email:

Phone Number:

6. Signature of Transferee:

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am withdrawing as a Tłıchq Citizen and transferring to another Band.

Print Name

Signature

Date

Print Name

Signature

Date

**In case of a minor child both parents and guardian must sign the request for withdrawal and/or transfer.**

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

**Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.**