



**Piapot
First Nation**

COMPLETE FORM & EMAIL TO christmas2024@piapotnation.com

CHRISTMAS BONUS APPLICATION 2024

Note: If the caregiver applying on behalf of a dependent is not a registered Piapot band member, the caregiver does not need to supply their own Treaty # or HSN#

APPLICANT NAME:			
APPLICANT MAILING ADDRESS:			
APPLICANT PHONE:			
APPLICANT EMAIL:			
APPLICANT BIRTHDATE:			
APPLICANT TREATY NUMBER:	385	APPLICANT HEALTH CARD NUMBER:	

PAYMENT INFORMATION

HOW WOULD YOU LIKE TO RECEIVE PAYMENT? If cheque, ensure current mailing address is accurate

DIRECT DEPOSIT

CHEQUE

IF DIRECT DEPOSIT - can we use your banking information that was submitted for the 2023 Christmas

Bonus payment? NOTE: If No is selected, please attach a copy of your updated direct deposit information. We will only accept A void cheque or direct deposit authorization form.

YES

NO

DEPENDENT INFORMATION (if necessary)

Are you applying for a dependent or dependent(s)?			YES	NO
#	DEPENDENT'S FULL NAME:	DEPENDENT'S BIRTHDATE: (mm/dd/yr)	DEPENDENT'S TREATY #: (Must begin with 385)	DEPENDENT'S HEALTH CARD #:
1				
2				
3				
4				
5				
6				
7				
8				

PRIVACY AGREEMENT:

I consent by completing and submitting this form that Piapot First Nation may store my information so they can process my application. Your information will not be shared and only used by Piapot First Nation Administration.

For Office Use Only – Verified by:		For Office Use Only – Amount:	
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