

Big Grassy First Nation

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Big Grassy First Nation – Flood Claim Per Capita Distribution FORM

NAME:	
ADDRESS:	
EMAIL FOR NOTICE:	
CONTACT #:	
STATUS REGISTRY #	
PRE-AUTHORIZED BANK FORM (MUST ATTACH)	
PLEASE CIRCLE METHOD OF DELIVERY	EFT CHEQUE MAIL

If you are authorizing a personal pick up to a family member, please provide consent for pick up

I _____, authorize my consent to release my

PCD to this family relation or friend, _____.

Please email or fax form to: boadministration@biggrassy.ca, or (FAX) 807 488 5533.

PLEASE INDICATE YOUR METHOD OF DELIVERY OR PICK UP

PRINT

SIGNATURE