

REQUEST FOR BAND TRANSFER

File # _____

Date _____

Name _____

Date of Birth _____

Registry # _____

This is to confirm that I, _____,
have been accepted as a member of the _____
First Nation. I hereby consent to the removal of my name from the
_____registry group and the addition
of my name to the _____registry
group.

Signature of Requestee(s)

In case of a minor, both parents' signature is required