



Quatsino Band Council

305 Quattishe, Rd.

Coal Harbour, B.C

V0N 1K0

Ph: 250-949-6245

Fax: 250-949-6249

APPENDIX A

DATE: _____

I, _____, request payment of \$1000.00 from the revenue monies of the Quatsino Band which sum of money is being distributed to all and each member of the Band for the sole benefit of my child/children as follows:

CHILD/REN NAME:

STATUS NUMBER:

Who is/are younger than 19 years and who is/are in my custody.

SIGNATURE: _____

****PLEASE BE SURE TO PRINT FORM AND SIGN TO SEND BACK TO:
hcharlie@quatsinofn.ca**