



KITSELAS FIRST NATION

2225 GITAUS ROAD, TERRACE, BC V8G 0A9
TEL. (250)635-5084 • FAX (250)635-5335 • T.F. 1-888-777-2837

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Date of Birth: _____ Status Number: _____

Payment Method

Cheque Direct Deposit *Please return with a Direct Deposit form or Void Cheque*

Dependents – Registered with Kitselas Band

Please list all registered dependents.

Full Name: _____
Last First M.I.

Date of Birth: _____ Status Number: _____

Full Name: _____
Last First M.I.

Date of Birth: _____ Status Number: _____

Full Name: _____
Last First M.I.

Date of Birth: _____ Status Number: _____

Full Name: _____
Last First M.I.

Date of Birth: _____ Status Number: _____

Full Name: _____
Last First M.I.

Date of Birth: _____ Status Number: _____

Disclaimer and Signature

I certify that the application I am submitting is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Office Use

Date Received: _____ Sharon Bennett: _____ Sam Harris: _____