



Change of Address Notice

Lena Zoe, Enrollment Coordinator

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Please print, and provide your signature below.

1. Provide full, legal name:

Name: _____		
First Name	Middle Name	Last Name

2. Provide the following info:

Date of Birth: _____ <small>(day /month/ year/)</small>	Health Care #: _____
Treaty Number: _____	SIN: _____

Provide your previous and new address below:

Previous Address:	New Address:
PO Box: _____	PO Box: _____
Street Address: _____	Street Address: _____
City/Town: _____	City/Town: _____
Territory/Province: _____	Territory/Province: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell No.: _____	Cell No.: _____
Work No.: _____	Work No. : _____
Email: _____	Email: _____

3. Signature:

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily to update my address information.		
Name: _____		
Print Name	Signature	Date

4. Return this form to by email, fax, or mailing address below:

- a. Email: lenazoe@tlichq.com
- b. Fax: 867.392.6884
- c. Mailing address: C/O Enrollment, PO Box 412, Behchokò, NT X0E 0Y0