



**Tłichq Ndek'àowo**  
**Tłichq Government**

## Band Transfer & Tłichq Withdrawal Notice

**Lena Zoe, Enrollment Coordinator**

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**1. This Form is your notice for a Band Transfer, and Tłichq Citizen Withdraw Notice**

Transferring to another band.

I am withdrawing as a Tłichq Citizen

**2. Provide full legal name:**

Name:

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

**3. Provide the following info:**

**Date of Birth:**

(day /month/ year/)

**Health Care #:**

**Treaty Status #:**

Registry Number

**Birth Certificate**

**Registration #:**

**4. Name of Band you are Transferring to and Land Claim Agreement Group you are joining:**

\_\_\_\_\_

**5. Contact information of the Band and Land Claim Agreement Group you are joining:**

**Contact Person:**

\_\_\_\_\_

**Phone #:**

\_\_\_\_\_

**PO Box:**

\_\_\_\_\_

**Town/City:**

\_\_\_\_\_

**Province/**

**Territory:**

\_\_\_\_\_

**Postal Code:**

\_\_\_\_\_

**6. 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 to transfer to another Band, and withdrawing as a Tłichq Citizen.**

Name:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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

- a. Email: [lenazoe@tlichq.com](mailto:lenazoe@tlichq.com)
- b. Fax: 867.392.6389
- c. Mailing address: C/O Enrollment, PO Box 412, Behchokò, NT X0E 0Y0