



Change of Address Notice For Adult

Enrolment, Department of Client Services

PO Box 412, Behchokò, NT X0E 0Y0

Tel: 867.392.1700 ext. 1703/1706 • Fax: 867.392.6884

Email: enrolment@tlicheo.ca • Website: www.tlicheo.ca

This notice form will change your address and contact information on your Tłıchq Citizen file.

1. Provide full, legal name:

Name:

2. Provide the following info:

Date of Birth:

(day /month/ year/)

Health Care #:

Treaty Number:

SIN:

3. Provide your previous and new address below:

Previous Address:

PO Box:

Street Address:

City/Town:

Territory/Province:

Postal Code:

Home Phone No.:

Cell No.:

Work No.:

Email:

New Address:

PO Box:

Street Address:

City/Town:

Territory/Province:

Postal Code:

Home Phone No.:

Cell No.:

Work No. :

Email:

4. Signature of Tłıchq Citizen:

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 Citizen file.

Print Name

Signature

Date

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.