2026 CHRISTMAS DISTRIBUTION — CLAIM FORM

Complete all applicable sections clearly. Attach copies of supporting identification. Submission of a claim does not guarantee eligibility or payment; claims are subject to verification and the approved distribution rules.

1. PERSONAL INFORMATION

Full legal name (as shown on identification) _____

Other/previous name (if applicable) _____

Treaty / Status Number _____

Date of birth (YYYY-MM-DD) _____

Band / First Nation of registration _____

Community / place of residence _____

2. CONTACT INFORMATION

Mailing address (street / P.O. box) _____

City / Town _____

Province / Territory _____

Postal code _____

Primary phone number _____

Alternate phone number _____

Email address _____

3. DEPENDANTS

List dependants for whom you are claiming, if applicable under the approved distribution criteria. Include additional names on a separate signed sheet if necessary.

Dependant's full legal name	Date of birth	Treaty / Status #	Relationship

☐ I am the parent or legal guardian of the dependants listed above, or otherwise authorized to submit a claim for them.

4. PROOF OF IDENTITY AND SUPPORTING DOCUMENTATION

Indicate the documents attached (copies only; do not submit originals unless specifically requested).

☐ Valid government-issued photo identification (e.g., driver's licence, provincial ID or passport)

☐ Certificate of Indian Status / Secure Certificate of Indian Status (status card)

☐ For dependants: proof of identity / date of birth and Treaty / Status Number, if available

☐ For dependants: proof of parentage, guardianship or legal authority, if requested

☐ Other supporting document(s): _____

5. APPLICANT DECLARATION AND CONSENT

☐ I declare that the information provided in this claim form, including the information for any dependants, is true, complete and accurate to the best of my knowledge.

☐ I understand that Peter Chapman Band may verify my identity, Band membership or registration, dependant information, and entitlement against its records and the approved 2026 Christmas distribution criteria.

☐ I confirm that I have not knowingly submitted a duplicate claim for myself or for the same dependant, and I will notify Peter Chapman Band promptly of any information that changes or requires correction.

☐ I understand that providing false or misleading information may result in denial of the claim, recovery of funds paid in error, or other action permitted by applicable law and policy.

☐ I consent to the collection, use and limited disclosure of the personal information on this form solely to administer, verify, audit and document the 2026 Christmas distribution, subject to applicable privacy requirements.

By signing below, I acknowledge that I have read and understood this declaration.

Applicant signature _____ Date signed (YYYY-MM-DD) _____

Parent / guardian signature (if different and applicable) _____ Date signed (YYYY-MM-DD) _____

6. FOR PCB ADMINISTRATION USE ONLY

This section is to be completed by authorized PCB personnel.

Claim received date _____ Received by / staff initials _____ Cheque number _____

☐ Identity verified ☐ Treaty / registration verified ☐ Dependents reviewed ☐ Additional documentation requested
☐ Duplicate claim check completed

Claim status: ☐ Approved ☐ Pending / incomplete ☐ Not approved

Verification / decision notes _____

Reviewed / authorized by _____ Decision date (YYYY-MM-DD) _____

Distribution amount (if authorized): $_____ Cheque number: _____