

FORM CF001 FOR CANADIAN RESIDENTS

ull Legal Name:	
alias:	
Registry Number:	Date of Birth:
wish to receive my one time Per Capita distribution	(PCD) payment by: (please check one option)
Direct deposit into my bank account. Please provide the following personal information a	and attach a VOID cheque.
Name of Account Holder:	
Financial Institution Name:	
Financial Institution Number (3-4 digits):	
Financial Institution Transit Number (5 digits):	
Financial Institution Account Number (12 digits n	nax):
***Mailed cheques will be sent via registered mail Signature: Phone #: COMPLETE THIS FORM AND RET STATUS	, <u> </u>
Nichole Doxtator Chippewas of the Thames First Nation 320 Chippewa Rd	email to: ndoxtator@cottfn.com fax to: 519-289-2230
Muncey, ON NOL 1Y0	
	Nichole Doxtator at 519-289-5555 ext. 222 t 1-866-550-5539
	11-000-330-3339
For office use only:	
Date Registered:	
Registry Clerk:	Date:
Year Eligible: PCD A	Amount:
Trust Admin Mgr:	Date:
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