



First Nation of Na-Cho Nyäk Dun

C/o Enrollment Department

P.O. Box 220

Mayo, Yukon Y0B 1M0

Phone: (867) 996-2265 Fax: (867) 996-2107

Email: enrollment@nndfn.com

Website: www.nndfn.com

LAND CLAIMS BENEFICIARY TRANSFER

I, _____

FIRST NATION OF _____

NUMBER _____ BORN _____, _____, _____
(M) (D) (Y)

WISH TO BE REGISTERED WITH _____

(SIGNATURE)

(WITNESS)

DATE

(FOR OFFICE USE)

Date Received ____/____/____
YY MM DD

Date Entered ____/____/____
YY MM DD

NNDL/CB ID # G _____

Enrollment Officer Signature