

**Acadia First Nation**

10526 Highway #3 Yarmouth, Nova Scotia B5A 5J7

Bus: (902) 742-0257 Fax: (902) 742-8854

Toll Free : 1-866-670-8086

www.acadiafirstnation.ca

\_\_\_\_I would like to pick up my Profit Sharing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state which office)

\_\_\_\_ I would like my Profit Sharing mailed to me.

**APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*10 digit Band Number:** 0 1 8

Date of Birth: *day\_\_\_\_\_/mth\_\_\_\_\_\_/year\_\_*\_\_\_\_\_

Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Acadia First Nation Band Members 18 years of age and older as of December 31st, 2022 and a resident in the province of Nova Scotia are eligible to receive the profit sharing. Applications must be fully completed to be considered. The deadline is **October 13th, 2022.**

Applications may be faxed, emailed or dropped off to any Acadia First Nation office.

**By signing this I certify that I am a resident of Nova Scotia and authorize Acadia First Nation to verify and use the above information to process my application for profit sharing.**

**\*\*ALL APPLICATIONS ARE SUBJECT TO VERIFICATION\*\***

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**  Application Received on:

Approved ( ) Not Approved ( ) Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_