



Qalipu
FIRST NATION

**GINU DATABASE
DESIGNATED REPRESENTATIVE CONSENT FORM**

This form allows Qalipu First Nation to share your Ginu Database information with a representative designated by you. This could be a family member or spouse. Without this consent form, we cannot share your information with anyone other than yourself.

Client Information:

Full Name: _____

Registration Number: _____

Designated Representative #1 (Family Member or Spouse)

Full Name: _____

Registration Number (if applicable): _____

Relationship to Client: _____

Designated Representative #2 (Family Member or Spouse)

Full Name: _____

Registration Number (if applicable): _____

Relationship to Client: _____

By signing this form I authorize Qalipu First Nation to discuss my Ginu Database information to the designated representative named above. I understand that this authorization shall remain in effect until revoked by me in writing.

Signature: _____ Date: _____

Please scan and email for fax form to: Charmaine Bath, Indian Registration Administrator
Email: cbath@qalipu.ca Fax: (709) 679-2344