

Section 3 Current Mailing Address:

Street Address: _____

City _____ Prov / State _____ Postal Code _____

Country _____ Phone # _____ Fax # _____

Residing on Cowichan Reserve _____ Off Cowichan Reserve _____
Off Reserve Due To Mould _____

Section 4 Read Before Signing.

I declare and affirm that the information provided by me on this application is complete and correct, in order to substantiate my entitlement for the Tobacco Tax Distribution monies according to the policy. I agree to advise the Administrating Authority of any changes such as dependents, marital status, or any circumstances that may affect my entitlement for the Tobacco Tax Distribution. I understand that the Administrative Authority can verify or confirm on behalf of Cowichan Tribes whom is determined the head of the household or applying guardian, parental consent to the Administrating Authority in disclosing any information in this application, which can be obtained from social assistance, education, or child tax. I understand that after a six-month holding period of Tobacco Tax Distribution funds, I may lose eligibility for the calendar year. Beyond the six-month holding period, the funds will go back into Community Distribution Funds. **I understand this is a once a year distribution.**

Late Applications: Finance Department will process and distribute cheques for members who have **NOT** received a cheque on **December 19, 2008.**

Distribution Dates are: Applications in by: January 9/09 ---- Distribution: January 14/09
Applications in by: April 14/09 ---- Distribution: April 21/09
Applications in by: July 10/09 ---- Distribution: July 17/09
Applications in by: Sept.18/09 ---- Distribution: Sept 25/09

September 18, 2009 is the deadline for the 2008 Distribution. Funds not applied for before this date will go back into the community distribution.

⇒ _____ **Signature of Applicant** Date _____

Signature of Administrative Authority _____

Please do not write in this space - Office Use Only:

ID provided Y _____ N _____ or Applicant Known Y _____ N _____

Payable to / Name: _____

Band or Computer Number: _____

Total eligible C.T.M. _____

Confirmed By: _____

Administrative Comments: _____