



First Nation of Na-Cho Nyäk Dun  
C/o Enrollment Department  
P.O. Box 220, Mayo, Yukon Y0B 1M0  
Phone: (867) 996-2265 Ext.117 Fax: (867) 996-2267  
Email: enrollment@nndfn.com  
Website: www.nndfn.com

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## STATEMENT OF CONSENT FOR TRANSFER OF AN ADULT

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Registry No. \_\_\_\_\_

### STATEMENT:

This is to confirm that I, \_\_\_\_\_  
(name)

would like to be accepted as a status First Nation of \_\_\_\_\_  
(name of First Nation transferring to)

I hereby consent to the removal of my name from the \_\_\_\_\_  
(name of current First Nation)

Registry Group/List and the addition of my name to the \_\_\_\_\_  
(admitting First Nation)

### SIGNATURE OF APPLICANT:

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach long form birth certificate with both parents' names on the certificate**

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(FOR OFFICE USE)

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

NNDL/CB ID # G\_\_\_\_\_

\_\_\_\_\_  
Enrollment Officer Signature