

NWT Métis-Dene Development Fund Ltd.

Appendix 'C'

General

To be filled out if your business is a corporation:

Please attach proof of aboriginal ancestry (status card, Métis local card, etc.) for a majority of shareholding.

Please fill out shareholder information for principal shareholders.

1. Ownership

Name:	Percentage Ownership:	Aboriginal or Non-Aboriginal:

Do you have a signed Partnership Agreement? (Attach copy if yes):

2. Shareholder Information (complete for each principal shareholder, copy if necessary)

Name:	Heritage: (Dene, Métis)	Date of Birth:
Social Insurance Number:	Residence: (circle) Own Rent Other	How long at address:
Marital Status:	Number of Dependants:	Current Employer:

Occupation:	How long with Employer:	Spouse's Name:
Spouse's Employer:	Occupation:	How long with Employer:
Your Principal Financial Institution (Name & Address):		
Reference - provide the name, title, address and telephone number of at least 3 people whom we may contact. One of these should be familiar with your financial standing. The others should be familiar with your skills and business experience.		
<p>NB: Please complete Personal Information Sheet, Appendix 'D'.</p>		

3. Shareholder Information (complete for each principal shareholder, copy if necessary)		
Name:	Heritage: (Dene, Métis)	Date of Birth:
Social Insurance Number:	Residence: (circle) Own Rent Other	How long at address:
Marital Status:	Number of Dependants:	Current Employer:
Occupation:	How long with Employer:	Spouse's Name:
Spouse's Employer:	Occupation:	How long with Employer:
Your Principal Financial Institution (Name & Address):		

Reference - provide the name, title, address and telephone number of at least 3 people whom we may contact. One of these should be familiar with your financial standing. The others should be familiar with your skills and business experience.

NB:
Please complete Personal Information Sheet, Appendix 'D'.

4. Shareholder Information (complete for each principal shareholder, copy if necessary)

Name:	Heritage: (Dene, Métis)	Date of Birth:
Social Insurance Number:	Residence: (circle) Own Rent Other	How long at address:
Marital Status:	Number of Dependants:	Current Employer:
Occupation:	How long with Employer:	Spouse's Name:
Spouse's Employer:	Occupation:	How long with Employer:

Your Principal Financial Institution (Name & Address):

Reference - provide the name, title, address and telephone number of at least 3 people whom we may contact. One of these should be familiar with your financial standing. The others should be familiar with your skills and business experience.

NB:
Please complete Personal Information Sheet, Appendix 'D'.